



SACRAMENTO ADVENTIST ACADEMY

Emergency Authorized Release Form

Student's First Name _____ Last Name _____

Student's Date of Birth _____

In the event of sudden illness or accident requiring attention, I hereby authorize **Sacramento Adventist Academy** to administer first aid, and if necessary, take my child to an emergency care facility indicated by my signature below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____

Field Trip / Off Campus Activity Permission Form and Liability Waiver

I, _____ (please print parent's/legal guardian's name) hereby give permission for my child _____ (please print name of child) to participate in all officially sponsored off campus activities and field trips of Sacramento Adventist Academy during the 2018-2019 school year. I understand that the students will be accompanied by supervisor(s) from the school. I further understand that my child's participation in such field trips and off campus activities is strictly voluntary and done so at my sole discretion.

Participant's Duty of Proper Conduct

I (We) and my child agree that my child's participation in these activities may be terminated for failure to behave and act in accordance with applicable regulations on conduct and for any acts of conduct of the above student deemed by the supervisor(s) and/or chaperon(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip or activity as a whole. If the participation of the above student is terminated, only the funds, if any, not actually used will be refunded, and the student may be sent home at my expense.

Liability Waiver

This is an EXTRACURRICULAR activity. This permission slip incorporates by reference and brings into full effect the terms of the liability waiver and assumption of the risk agreement on file with your school.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____