



Client (child): _____

Field Trip Permission

I (parent/guardian/caregiver) hereby allow my child to participate in Peak Potential therapy's field trip. I hereby certify that he is of good moral character. I hereby certify that I have given full disclosure concerning all medial, physical, and psychological conditions which might have relevance to the performance of my child. I also understand that I am liable for information that is false, misleading or later found to be omitted concerning all such medial physical or psychological condition and all suspension, expulsions, or adjudications. I have no objection to publicity in conjunction with field trip activities that involve my child/ward.

I (parent/guardian/caregiver) hereby release and hold harmless Peak Potential Therapy, including but not limited to Natalie (Holly) Reimann and all employees, agents, representatives from any and all claims, cost damages, and liabilities for any in sustained by myself or my minor child's or adult's participating in field trips offered by Peak Potential Therapy. I understand that any fees charged for a field trip do not include accident or personal insurance.

I (parent/guardian/caregiver) give my permission for my child/ward to participate in field trips, supervised by staff.

Parent, Name Printed: _____

Parent Signature: _____

Emergency Contact Phone Number: _____

Date: _____