



Activities and Transportation Waiver

Student Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Class _____

Parent(s) Name _____

Home Phone _____ Work Phone _____

Mobile/Cell _____ E-mail _____

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:

I hereby give permission for my child: _____ to attend on or off campus school organized or sponsored activities on their scheduled (or any rescheduled) day and to be transported by walking, public transportation, van/bus or private vehicle(s) as determined by the school.

I understand that field trips may take place on school property (outside the fenced in areas) or off the property at other locations and that I shall be notified in advance of the destination of any given trip and have the opportunity to refuse my child's participation in said trip by notifying Open Arms by the stated deadline in the field trip announcement.

For myself and the named child; I hereby waive and release any claim against Open Arms and its members, board, employees, servants and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and agree to indemnify the school and its members, board, employees, servants and agents against any expenses, loss or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be know to the chaperone(s) that are not appropriately detailed on the reverse of this permission slip.

() Check here if there are any notes on the reverse.

_____/_____
Signature of Parent/Guardian / *Date*

Please sign and return to:
Open Arms Lutheran Child Development Center
4000 Roswell Road
Atlanta, GA 30342