OVERNIGHT FIELD TRIP PERMISSION FORM

We, the undersigned, are aware of the rules and regulations concerning the overnight trip. The student agrees to follow these rules and regulations and understands that failure to do so may result in expulsion from the hotel, tour program or host family. If this should occur, the student may be sent home at his/her own expense.

We also understand the risks associated with travel to an overnight location away from home. We agree to (1) waive any and all actions or claims against the ONC BOCES, its employees and trustees, and (2) hold the ONC BOCES harmless from and against any and all claims and costs resulting from any accident, injuries or other loss or damage involving my son/daughter/ward.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

PERMISSION TO PARTICIPATE IN SWIMMING/BOATING ACTIVITY

This additionally gives permission for the above named student to participate in swimming and/or boating activities associated with his/her field trip experience.

There is a staff member or life guard on o	duty who is a certified life	e guard with first aid &
CPR training.		

Parent/Guardian Signature:_______ Date:______