

Franklin College
Participant Waiver – Field trip to Young’s Creek and Hurricane Creek

Child’s Name _____

Parent/Guardian’s Name _____

Re: Waiver of Liability for field trip to Young’s Creek and Hurricane Creek

I, the aforementioned parent/guardian named above, hereby grants permission for my child, the aforementioned child named above, to participate in the field trip, organized by Franklin College, to Young’s Creek and Hurricane Creek from June 10th through June 15th, 2024. I understand that during this trip, my child may be engaging in activities in or near this shallow creek.

Exclusion Clause

As the parent or legal guardian of the aforementioned minor child, I acknowledge and agree to the following:

1. **Assumption of Risk:** I understand that participating in activities near a shallow creek carries inherent risks, including but not limited to slipping, falling, and exposure to water. I acknowledge that despite safety measures put in place by Franklin College, accidents and injuries may occur.
2. **Supervision:** I acknowledge that the faculty, staff, and chaperones from Franklin College will provide supervision during the field trip. However, I understand that it may not be possible to supervise every child at every moment and that my child must follow safety instructions and guidelines provided by the trip leaders.
3. **Release of Liability:** In consideration for allowing my child to participate in the field trip, I hereby release, waive, discharge, and covenant not to sue Franklin College, its trustees, officers, employees, agents, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to my child, whether caused by the negligence of Franklin College or otherwise.
4. **Medical Treatment:** In the event of an emergency, I authorize Franklin College and its representatives to obtain medical treatment for my child, including transportation to a medical facility, if deemed necessary. I understand that Franklin College will make reasonable efforts to contact me in case of a medical emergency, but if they are unable to reach me, I authorize them to make decisions regarding medical treatment for my child.
5. **Compliance with Rules:** I understand that my child must adhere to all rules and instructions provided by the trip leaders, including safety guidelines related to

activities in or near the creek. Failure to comply may result in my child being removed from the trip at my expense.

I have read this waiver and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily, and I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

Emergency Contact Number: _____

College Representative Signature: _____

Date: _____