

Field Trip Waiver

Student Name:	Date:
Field Trip Location Novartis Pharmaceuticals, 181 M	Iassachusetts Ave, Cambridge, MA 02139
Field Trip Date: 10/18/17	
Chaperones: Gary Smith and Teacher TBA	
Departure Time: 2:00pm Return Tim	ne: 7:00pm
Means of Transportation X School Van School Bus	
Additional Notes:	
As Parent(s)/Guardian(s) of the above named Studentified Program. We understand and acknowledge agree to the following WAIVER and conditions:	nt, we request that our son participate in the above that in exchange for the opportunity to participate, we
and from the Program. Student and Parent(s)/Guard trustees, officers, agents, employees, chaperones and capacities) (collectively the "Releasees") from any and damage to personal property (including total loss) in cand from the Program. Student and Parent(s)/Guard Releasees from any and all claims, and/or causes of a expenses, including but not limited to attorney's fees, with the Student's participation in and travel to and frapplies to any and all claims Student may have against	d all liability for any personal injury (including death) or connection with Student's participation in and travel to ian(s) agree to indemnify, defend and hold harmless the ction, including liability, losses, damages, judgments or that the Releasees may incur or sustain in connection rom the Program. Student understands that this waiver t the Releasees that might arise from Student's Guardian(s) understand and agree that this waiver shall
Signature of Parent / Guardian	Date
Printed Name of Parent / Guardian	_
Printed Name of Student Date	
Form must be signed and returned to chaperone prio	r to Student participation.

Please return all forms to Mr. Gary Smith in K219 By Monday 10/16/17