



Field Trip & Activity Waiver

I, the above named parent/guardian, grant permission for {first_name} {last_name} to participate in the above described field trip or activity. I acknowledge that participation in this field trip or activity may involve moderate to strenuous physical activity and may cause physical or emotional distress to participants. There may also be associated health risks. I warrant that student is free from any known heart, respiratory or other health problems that could prevent student from safely participation in any of the activities. I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that the student receives. I agree to release Liahona Academy and their agencies, departments, owners, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that the student receives as a result of participation in this field trip or activity. I further agree to release Liahona Academy, their owners, employees, sponsors, staff and volunteers from any and all liability and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind of nature to me arising out of student's participation in this field trip or activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the field trip, activity or event described above. I agree to inform and explain to my child the safety procedures and precautions necessary to participate in this field trip or activity. I also agree to explain to my child the importance of behaving and adhering to any and all instructions or rules of conduct given by the teacher or supervisor in charge. I understand that my failure of my child, the student, to adhere to any rules of conduct required by the supervising teach/individual may result in injury. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment and emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

Parent/Guardian Name: aendtwretn nwrtrnwt

Date: 2025-06-30

Signature: John Orgill