



FIELD TRIP TRANSPORTATION WAIVER

STUDENT NAME: _____ GRADE: _____

*Participation in scheduled field trips is not mandatory.
Students who do not participate will remain at SOECA, and an alternative activity will be provided.*

I, _____, hereby authorize Seeds of Excellence Christian Academy (SOECA) and its representative(s), to seek and consent to emergency medical attention if a situation arises. I acknowledge and agree for the supervising teacher/administrator to make the best decision on behalf of my child, and I further agree to be liable for and to pay all costs incurred in connection with such medical attention. I acknowledge and understand that the necessary arrangements, plan, and precautions will be taken for the care and supervision of my child during the field trip.

I, _____, hereby waive and release, on behalf of myself and/or my child, indemnify, hold harmless and forever discharge SOECA, Word of Faith Family Worship Center, Inc., The Riverside EpiCenter, LLC, and its agents, employees, volunteers, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that we ever had or may have, arising from or in any way related to my child’s participation in and/or travel to and from any of the events/activities conducted by or in conjunction with, whether on or off the premises of, or for the benefit of SOECA, Word of Faith Family Worship Center, Inc., The Riverside EpiCenter, LLC, its agents, employees, volunteers, officers, directors, affiliates, successors and assigns, provided that this waiver does not apply to any acts of gross negligence, or intentional, willful or wanton tortious conduct by the released parties.

I understand that the events/activities that my child will participate in may be considered of a voluntary nature, and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my child, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me, my child or my property, that I may have against the aforementioned released parties in connection with such events/activities.

I give permission for my child to be transported by SOECA and/or its designated transportation company. I acknowledge that SOECA and/or any entity transporting my child will maintain collision coverage for bodily injuries.

I agree to accept full responsibility, financially or otherwise, for any damage my child may cause to the property of SOECA, Word of Faith Family Worship Center, Inc., The Riverside EpiCenter, LLC, the property of any site or venue visited during this field trip, to the person or property of third parties, or to the vehicles used for transportation. I further agree to indemnify SOECA, Word of Faith Family Worship Center, Inc., The Riverside EpiCenter, LLC against claims by third parties for any damage caused by my child to the person or property of third parties.

Parent/Legal Guardian – Print Name

Emergency Contact Number

Parent/Legal Guardian – Signature

Date