



Mount Bethel Christian Academy  
*We believe the only True Education is a Christian Education.*

Certified by FLOCS

## **SCHOOL TRIP RECREATIONAL ACTIVITY RELEASE**

I give permission for my child/children \_\_\_\_\_, to take part in all activities including recreational activities on the premises of Mount Bethel Christian Academy, and sponsored trips away from the school premises. I do hereby release, absolve, indemnify and agree to hold harmless Mount Bethel Christian Academy and its employees, agents, chaperones, organizers, sponsors and persons transporting my child to and from these activities from any liability or medical payments directly or indirectly resulting from my child participation. I understand that Mount Bethel Christian Academy does not provide medical insurance for my child and that any medical expenses incurred will be paid by either my own medical insurance or other arrangements on my behalf.

- \* This is the only form required annually regarding field trips and is inclusive.
- \* Not signing this form will result in my child not being allowed to attend activities and/or Field trips.

I have read this release, understand all its terms, and execute it voluntarily and in full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Student's Name \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

(Please turn over)

## **MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_

(Kindly attach a copy of your Insurance card)