



Financial Field Trip Permission Form

Instructions: Please complete this form and read this entire document carefully before signing.

Student's Name: _____ Chaperone's Name: _____

Trip Destination: _____

Departure Time: _____ Return Time: _____

Please return this form to Diapers 2 Deposits, Inc. before you or your child participates in the field trip.

If you do not understand this form, please contact The Mastermind Team, or email us mastermind@diapers2deposits.com

I acknowledge and agree as follows:

- 1a. As a student 18 years of age or older, I acknowledge that I must sign this form before I can participate in Diapers 2 Deposits, Inc. (D2D) financial field trip listed above.
- 1b. As the parent or legal guardian of a student under 18 who is named above and participating in the D2D field trip listed above, I acknowledge that I must sign this form before my child can participate in this financial field trip, and I give permission for my child to participate in this financial field trip.
- 1c. As the parent or legal guardian of a student who is participating in the D2D financial field trip listed above, I acknowledge that I must sign this form before I can participate in this field trip as a chaperone.
2. I acknowledge that I have reviewed and understood all documents provided by D2D describing the particulars of this field trip, including the location of all activities, the duration, method of transportation, educational merits, inherent risks associated with the activities involved and the voluntary nature of the financial field trip.
3. All participants in the financial field trip listed above, including chaperones, will perform only those tasks assigned to him or her, will observe all safety rules, and will use care in the performance of all activities.
4. I acknowledge that there are risks associated with the financial field trip listed above, and I agree to assume any and all risks as may be reasonably foreseeable to result from such financial field trip on behalf of myself and/or my child, subject to the limitations set forth in this form. I understand that not all inherent risks connected with the financial field trip can be described in the documentation provided by D2D regarding this field trip.
5. I understand that I and/or my child may choose to opt out of participation in any particular component of the field trip listed above, and that attendance on the financial field trip is in no way conditioned on full participation in every scheduled event.
6. I agree to inform Diapers 2 Deposits, Inc, as appropriate, of any health issues or changes in health status that may affect or limit my and/or my child's participation in the field trip listed above,



including, but not limited to, medications being taking, dates of hospitalization in the last year and the reasons for any such hospitalization, any illnesses and any other special health-related issues.

7. **Please check the appropriate box below:**

- My child does not have a *Medication Plan* on file with Diapers 2 Deposits, Inc. and will not require the administration of any medication during the field trip.
- My child has a *Medication Plan* on file with Diapers 2 Deposits, Inc., and will need to have this medication available during the field trip. My child is not authorized to self-administer the medication and a trained administrator of medication will need to be on the trip and be prepared to carry and administer the medication.
- My child has a *Medication Plan* on file with Diapers 2 Deposits, Inc. and will need to have the medication available while on the field trip. My child is authorized to self-administer the medication.
- My child has a *Medication Plan* on file with Diapers 2 Deposits, Inc. and will need to have the medication available while on the field trip, but a trained administrator of medication is not required because I, _____, am chaperoning the field trip and will administer the medication.

8. Should it be necessary for my child under the age of 18 to receive medical treatment while participating in this field trip, I give the Diapers 2 Deposits, Inc. personnel permission to use their judgment to obtain medical services for my child, and I give permission to the physician selected by the Diapers 2 Deposits personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Diapers 2 Deposits, Inc. has no insurance covering any medical or hospital costs incurred in connection with this financial field trip, and that any costs incurred for any medical treatment shall be my sole responsibility. **Please check the appropriate box or boxes below:**

- I am covered by accident/medical insurance (if you will be participating).
- My child is covered by accident/medical insurance.
- My child is not covered by accident/medical insurance.

9. I agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against the Diapers 2 Deposits, Inc. or any agency, employee, officer, agent or representative of Diapers 2 Deposits, Inc. with respect to or in any way relating to the financial field trip listed above, including any claim or lawsuit brought on the basis of negligence, except to the extent such claim relates to an injury, damage or other loss resulting from the intentional or reckless acts or omissions of any agency, employee, officer, agent or representative of Diapers 2 Deposits, Inc.

10. D2D relies on inspections conducted by Maryland State Certified Mechanic regarding the safety and state of any vehicle or vessel used during the financial field trip.

11. I understand and acknowledge that I have the right to consult with an attorney prior to signing this *Financial Field Trip Permission Form*.

12. I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my child and other family members, and my heirs, executors, representatives, assigns and estate.

CONSENT: Check the appropriate box or boxes below:

- I (adult student) agree to participate in this field trip.
- I (parent or legal guardian) give permission for my child to participate in this field trip.



I (parent or legal guardian) will be participating in this field trip as a chaperone.

By signing this agreement, I understand:

- That D2D reserves the right to cancel a field trip or other activity at any time.
- That the student discipline provisions contained in the Financial Field Trip Program Parent Handbook are in effect and apply to this field trip.
- That a violation of any policy, rule or regulation related to this financial field trip or student conduct in general may result in the participant being sent home at their expense or need to be picked up at the expense of the parent or guardian.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect. This Document is made pursuant to and shall be construed under the laws of the State of Maryland. All adults participating in the field trip (including students 18 years of age or older) and the parent or legal guardian of any student under 18 participating in the field trip are required to sign below.

Name of Parent, Legal Guardian Participating Adult, or Student 18 Years Of Age or Older (<i>Printed</i>)	Signature	Date
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Address of Parent, Legal Guardian, Participating Adult, or Adult Student

Phone Number of Parent, Legal Guardian, Participating Adult, or Adult Student

Emergency Contact Name

Emergency Contract Phone Number