SHEPHERD'S HILL
ACADEMY

Off-Campus Activity and Field Trip Waiver

In the interest of enriching the educational experience of our students, Shepherds Hill Academy frequently organizes off-campus activities and field trips. These outings can be a vital part of the student's educational and social experience and are conducted under the guidance and supervision of our staff.

PERMISSION

I, the undersigned, grant permission for my child, _____, to attend all offcampus activities and field trips organized by Shepherds Hill Academy, whether planned in advance or impromptu, during his/her duration of stay at the Academy.
I understand that every effort will be made by Shepherds Hill Academy to ensure the safety and well-being of my child during these activities. I also acknowledge that these outings may require transportation, for which the school will make proper arrangements.

REVOKE OF PERMISSION

I understand that I have the right to revoke permission for my child to attend any specific offcampus activity or field trip announced by Shepherds Hill Academy. If I wish to exercise this right, I will provide written notification to the school ahead of the specific activity/trip. In the absence of such a written notification, it will be assumed that permission for my child to attend the activity/trip is still granted.

LIABILITY WAIVER

I hereby release, indemnify, and hold harmless Shepherds Hill Academy, its staff, volunteers, and representatives from any claims arising out of or relating to any injury, damage, or loss suffered by my child during, or as a result of, any off-campus activity or field trip, provided that such activity was conducted in good faith and without negligence by the school.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorize Shepherds Hill Academy to arrange for medical treatment for my child if deemed necessary by the staff accompanying the students. I understand that every effort will be made to contact me prior to any treatment.

Students Full Name:_____

Parent/Guardian Full Name: _____

Signature: _____ Date: _____