



Archdiocese of Seattle

FIELD TRIP  
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of the organization employees and/or volunteers from St. Luke School.

Students should wear: ☒ free dress (rain gear) \_\_\_\_\_ uniform We will eat: \_\_\_\_\_ at school ☒ on the field trip. Bring Sack Lunch & water bottle

A brief description of the activity follows:

Type of event: 7<sup>th</sup> Grade Leadership Retreat & Ropes Course

Location of event: Waterhouse Center

Individual(s) in charge: Mr. Kramer & Mrs. Fargo

Date and time of departure: May 31, 2017 9:00am Return: 2:30pm

Mode of transportation to and from event: Bus

Cost: \$12

~~I am able to drive on this field trip.~~  
~~I have \_\_\_\_\_ seat belts and can drive \_\_\_\_\_ students I can fit \_\_\_\_\_ car seats.~~  
~~I have a driver form on file. \_\_\_\_\_ yes \_\_\_\_\_ no, please send one home.~~

Effective July 1, 2007, children less than 8 years olds must be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A child who is 8 years old or older, or 4 feet 9 inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under 13 years old must be transported in rear seats where it is practical to do so.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) St. Luke School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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

Complete  
~~also~~ attached release forms as well.



Dear Parent/Guardian,

Your child is scheduled to experience a Waterhouse Center adventure. I realize that the words "adventure-based learning" and "ropes challenge course" can be anxiety producing so I would like to explain briefly what Waterhouse Center is and why and how we operate.

At Waterhouse Center we use a six step learning process. Participants are given a **PROBLEM** to solve – such as getting the group through the "Spider's Web" (a rope net suspended between two trees at ground level). They **RESPOND** to that problem (attempt to get everyone through the web). There is an **OUTCOME** based upon their response (they either succeed in getting everyone through or they don't). We then sit down and **CLARIFY** the relationship between their response and the outcome and **GENERALIZE** this back to their daily lives (e.g., we ask them how their behavior on the problem was like or unlike the way they solve problems at school, home or in their community). We then encourage them to **ACT** on what they have learned back at school, home or in their community.

At Waterhouse Center there are various types of activities or problems to solve. The group team-building activities are all at ground level and require no special safety equipment, athletic prowess, not physical endurance. We have had a young woman on crutches and a young woman in a wheelchair participate fully in the low activities. Two national safety studies have shown ropes challenge courses to be 15 times safer than riding in an automobile!

It is in the doing that real learning takes place! At Waterhouse Center we do not teach carpentry, culinary arts, math or science. We do address the issues of trust, support, communication, responsibility, commitment, and problem solving with a hands-on approach. In other words, your child experiences individual and group growth and has fun doing it! **There is no coercion. The level of participation is always the choice of each participant.**

**YOUR CHILD HAS TWO FORMS TO BE FILLED OUT AND SIGNED BY YOU: THE MEDICAL/HEALTH INFORMATION FORM IS SO WE CAN PROVIDE A SAFE ENVIRONMENT, THE RELEASE OF LIABILITY FORM IS REQUIRED BY OUR INSURANCE COMPANY.**

If you would like more information, have additional questions or would like to visit our Center, please call us at (360) 794-0415.

Thank you,

Bernie Waterhouse  
Executive Director

# **THIS IS VERY IMPORTANT**

**Every** participant **must have a completed AND signed a Waterhouse Center** Release of Liability and Medical Information form.

Our insurance company insists. We **cannot** accept phone calls from parents, hand written notes, school permission slips, et al.

If a participant **does not** have a signed Waterhouse Center form, he or she **will** have to **remain in our gazebo with an adult supervisor from your staff.**

# Waterhouse Center

Where People Grow in Trees

## RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Waterhouse Center program, its related events and activities the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Waterhouse Center immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Waterhouse Center, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT,

\_\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (please print name) Date

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE** (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (please print name) Date

### **PHOTO RELEASE**

I, \_\_\_\_\_, grant Waterhouse Center, Inc. the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE

## **PLEASE COMPLETE & ATTACH MEDICAL HEALTH INFORMATION FORM**

P.O. Box 953 \* Monroe, WA 98272 \*\* 7311 Mero Rd., Snohomish, WA 98290  
bernie@waterhousecenter.com \* www.waterhousecenter.com  
360-794-0415 office  
360-348-0351 cell

## **MEDICAL HEALTH INFORMATION**

NAME \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**DO YOU HAVE ANY TEMPORARY OR PERMANENT PHYSICAL DISABILITIES OR HANDICAPS (e.g. BAD BACK, HEART CONDITION)?** \_\_\_\_\_ **EXPLAIN** \_\_\_\_\_

\_\_\_\_\_

Have you had major surgery recently? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Have you had a major illness recently? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescribed or over-the-counter medication (e.g. cold medicine)? \_\_\_\_\_ Please state what you are taking and what condition it is for: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or reactions to medications? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Do you have asthma? \_\_\_\_\_ Describe severity \_\_\_\_\_

Do you carry an inhaler? \_\_\_\_\_

**DO YOU HAVE ANY OTHER RESTRICTIONS OF ACTIVITIES FOR MEDICAL REASONS?** \_\_\_\_\_ **EXPLAIN** \_\_\_\_\_

\_\_\_\_\_

Person to notify in case of an emergency:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_