



Field Trip Approval and Voluntary Risk Assumption Agreement

Name of Church:

Our Tutors and mentors are acting as agents of The Lutheran Hope Center – Ferguson (a non-profit organization located at 9420 West Florissant Ave PHONE NUMBER).

As the parent or guardian of the following child or children,

(please print child or children’s name/names legibly)

I hereby give my permission for my child/ward to participate in all on site and all off site tutoring and mentoring activities of The Lutheran Hope Center – Ferguson and Rebecca’s Garden of Hope. I understand that my child’s permission is voluntary.

I acknowledge and understand that there is some risk involved in my child/ward participating in on site and off site tutoring and mentoring activities. In consideration, I, the undersigned, on my own behalf and on the behalf of my child/ward, forever release The Lutheran Hope Center – Ferguson and Rebecca’s Garden of Hope and any and all employees, agents, and volunteers formally liability for medical expenses, disability, death, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from these activities.

I acknowledge that I have been informed that these activities may have rides that may have health warnings on them, such as roller coasters and other fast motion rides, and/or may involve water. I confirm that my child/ward’s records on file with The Lutheran Hope Center – Ferguson and Rebecca’s Garden of Hope are current with regard to any medical conditions, physical conditions, vaccinations, and limitations, and affirm that my child/ward has no condition that would preclude my child/ward’s participation in these activities.

I understand that The Lutheran Hope Center – Ferguson and Rebecca’s Garden of Hope and owners of privately own vehicles are self-insured and do not carry insurance coverage for student accidents and injuries, including death. I further agree that any insurance I may carry on myself and my child/ward shall be primary insurance for myself, and for my child/ward.

I acknowledge and authorize that my child/children will be transported to, from, and during off site activities. I understand that Grace Lutheran Chapel – Bellfontaine Neighbors, Chapel of the Cross Lutheran – St. Louis, Salem Lutheran Church – Black Jack, maybe providing The Lutheran Hope Center – Ferguson vehicles. I also understand that my child/children may or may not be transported in a privately owned vehicle. I give my written consent to the transportation to at site events or off site events in the vehicles provided for these events. I further release (name of your church) from any claim arising out of the transportation of my child/ward by me, other student, or third party.

The Lutheran Hope Center – Ferguson
Communtiy Empowerment Center of Ferguson
9420 West Florissant Ave
Ferguson, MO 63136



Field Trip

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My signature below indicates that I have read and freely signed this agreement, which shall take effect as a sealed instrument.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

*Signature: _____

(Parent/ specified guardian)

Date: _____

Name Printed: _____

Address: _____

Tel. No.: _____

(This number will be contacted in case of an emergency)

Witness: _____

Witness Name Printed: _____

*Signatures need not be notarized but must be witnessed.

Name: _____

Address: _____

City, State, Zip : _____