**MESQUITE-O**

**PARTICIPATION WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of parent/guardian) (Name of student)

To participate in the school activity described below. A field trip is considered an extension of the curriculum and is designed to enrich and broaden a student’s educational experiences. I understand that when money is collected, all costs/fees are considered **non-refundable.** I also understand that any returned check fees are my responsibility.

 **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of parent/guardian)

Date: 9 September 2017

Location: Samuel Farm; 300 U.S. 80 Frontage Rd, Mesquite, TX 75149.

 Description of activity:

Orienteering, an outdoor physical activity where competitors use a map and compass to find checkpoints in unfamiliar terrain. This is similar to a scavenger hunt, but with pre-determined locations. Common hazards include trips and falls, high grasses and thorns, and other dangers associated with the outdoors.

**MEDICAL TREATMENT WAIVER**

In the event there arises an emergency necessitating medical attention for my child shown above, I do hereby authorize that treatment be given by qualified and licensed medical personnel. I understand I will be notified as quickly as possible and that all expenses incurred in treatment will be assumed by my insurance or by me. Should medical attention be needed, I hereby authorize the sponsor to administer aid until said qualified and licensed medical personnel arrive.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent and/or Guardian)

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_