



ENRICHMENT RANCHO

Summer Camp 2024 Field Trip Permission Slip & Release of Liability

I, _____ (PRINTED NAME OF PARENT/GUARDIAN), being the parent or legal guardian of _____ (PRINTED NAME OF MINOR), have been informed of the above activity sponsored by RCS Enrichment and hereby give my consent for my minor child to participate in this activity.

I understand that transportation for all off campus field trips are facilitated by a professional bus company and all on campus activities are outsourced to a local vendor.

I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I further agree not to hold RCS, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Please initial on ALL of the field trip lines below.

Kids Reptile Party
On Campus (June 13)

Bowlero Bowling Alley
Off Campus (June 20)

Water Slide
On Campus (June 27)

CRC Pool
Off Campus (July 11)

Pinot's Palette
On Campus (July 18)

Reading Cinemas Theater
Off Campus (July 25)

Home: _____ Cell: _____ Work: _____

Parent Signature: _____ Date: _____

CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____ (MINORS PRINTED NAME), I _____ (PARENT/GUARDIAN'S PRINTED NAME) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their case.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of RCS sponsoring this event will be used as the secondary coverage.

Insurance Provider: _____ Policy #: _____

Parent Signature: _____ Date: _____