

AVID Field Trip Permission Form

I hereby consent to	_ (student name), participating in the field trip
on Tuesday, November 28, 2017 to Western Oregon Univer	sity in Monmuth, OR with the AVID class of
Ogden Middle School. I do hereby release, indemnify, and h	nold harmless Benjy Rickard, and all employees
or representatives thereof, including, but not limited to, any	person volunteering their time to assist with
this activity from any claim, demands, or causes of action ar	rising out of injury to the above-named student.
Further, in the event such a student is injured and needs med	lical treatment, I authorize Benjy Rickard or
any person designated by them to obtain necessary medical	treatment for such student.
In case of emergency, please contact	(emergency contact name) at the
following phone number	(emergency contact phone).
Guardian Signature:	
Printed Name:	Relation to Student:
Home Phone:	Work Phone:
Cell Phone:	Email: