**MAYOR AND CITY COUNCIL OF BALTIMORE**

Field Trip Permission Slip (for Adults)

On **PROVIDE DATE,** the **PROVIDE CITY DEPARTMENT/AGENCY** (“**Department**”) will be taking a trip to **PROVIDE LOCATION** to **PROVIDE PURPOSE OF TRIP** (the trip and travel to and from said location are hereinafter collectively referred to as the “**Event**”). The group will be chaperoned by Department staff and other volunteers. We will **depart promptly at PROVIDE TIME** from Baltimore City Hall, 100 N. Holliday Street, Baltimore, Maryland 21202 and will return to Baltimore City Hall **at approximately PROVIDE DATE AND TIME** (“Departure Location”)**.** There is no fee for this Event. Transportation will be provided by a van owned by the Mayor and City Council of Baltimore and operated by City employees. ***DEPARTMENT IS NOT RESPONSIBLE FOR TRANSPORTATION TO DEPARTURE LOCATION PRIOR TO THE EVENT OR TO ANY LOCATION OTHER THAN DEPARTURE LOCATION FOLLOWING THE EVENT.*** Permission slip forms must be returned no later than the day of the Event. If there should be any questions or concerns, please do not hesitate to contact **PROVIDE NAME, PHONE NUMBER, AND EMAIL ADDRESS OF DEPARTMENT CONTACT**.

**1. PARTICIPANT AND EMERGENCY CONTACT INFORMATION:**

## Participant’s Name (the “Participant”):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Age:\_\_\_\_\_\_\_\_\_\_

## Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (other than parent/guardian) Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. EMERGENCY MEDICAL AUTHORIZATION:**

Should it be necessary for me to have medical treatment while participating in the Event, I hereby give authorization to the facilitators of the Event to seek emergency medical treatment for me if I am unable to do so. Permission is granted to release any necessary emergency contact/medical history provided by me to the attending medical personnel, if needed. **I acknowledge that the Mayor and City Council of Baltimore is not responsible for the costs related to the medical treatment and is not responsible for any administration of medication during the Event.**

**3. RULE COMPLIANCE:** I agree to comply with all rules imposed by the City regarding participation in the Event and agree to conduct myself in a controlled and reasonable manner at all times.

**4. MEAL RELEASE:** I hereby grant the Department staff and its volunteers’ permission to arrange for and provide the Event for me and I acknowledge that I am responsible for informing Department staff and its volunteers of my food allergies (if any). My food allergies are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I agree to the terms and conditions of the Event, including this Field Trip Permission Slip and Release and Authorization Statement (signature on back).

Participant’s Signature**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE AND AUTHORIZATION STATEMENT**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Participant), DO HEREBY INDEMNIFY, SAVE, DEFEND, HOLD HARMLESS, RELEASE, AND FOREVER DISCHARGE THE MAYOR AND CITY COUNCIL OF BALTIMORE (the “CITY”), ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS (the “RELEASED PARTIES”), FROM ANY AND ALL PRESENT AND FUTURE LIABILITY, DEMANDS, SUITS, ACTIONS, OR CLAIMS FOR LOSSES, DAMAGES, AND/OR PERSONAL INJURIES, INCLUDING DEATH, SUSTAINED BY ME ARISING FROM MY PARTICIPATION IN AND TRAVEL TO AND FROM THE FIELD TRIP (the field trip and travel to and from said field trip are hereinafter referred to collectively as the “EVENT”), REGARDLESS OF WHETHER SUCH CLAIMS, LOSSES, DAMAGES, OR INJURIES RESULT, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE RELEASED PARTIES. THIS PROVISION SHALL SURVIVE TERMINATION OF THIS RELEASE AND AUTHORIZATION STATEMENT.**

**I ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, DAMAGES (BOTH ECONOMIC AND NON-ECONOMIC), AND LOSSES OF ANY TYPE, WHICH MAY OCCUR TO ME, AND I HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE THE RELEASED PARTIES, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT MY PARTICIPATION IN THE EVENT.**

**I agree to comply with all rules imposed by the City regarding participation in the Event. I agree to conduct myself in a controlled and reasonable manner at all times.**

**I understand that there are potential dangers, hazards, and risks of serious injury, including but not limited to physical and emotional injury, or damage to me, to property, or to third parties, associated with my traveling with the City to and from the Event, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in and travel to and from the Event.**

**I understand and agree that the City is not responsible for property that is lost, stolen, or damaged while attending the Event.**

**I hereby authorize City personnel to take me to an emergency room of a hospital should, for any reason, while I am attending the Event or traveling to and from the Event, I require any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for my well-being and to request and receive any necessary information that may be protected health information under the Health Insurance Portability and Accountability Act (HIPAA).**

**I hereby agree that I am solely liable for all costs of any necessary medical care and treatment provided to me. I hereby affirm that I have current medical insurance coverage. I understand that the City does not provide health insurance to participants of this Event, including me.**

**I do hereby voluntarily and without compensation authorize photograph(s) and video recording(s) to be taken of me by agents of the City while I participate in the Event. I give the City the right to own such photograph(s) and video recording(s) and use such photograph(s) and video recording(s) for any and all purposes without further approval from me. I release all rights to such photograph(s) and video recording(s).**

**I do hereby authorize City personnel to provide my transportation to and from the Event, and I hereby release the City from any liability that may arise from such transportation to and from the Event.**

**I especially intend to and so include in this Release and Authorization Statement and all respects in every manner as set forth above.**

**This Release and Authorization Statement shall remain valid for the duration of the Event and all travel to the event from Baltimore City Hall and return travel from the Event to Baltimore City Hall.**

**Each provision of this Release and Authorization Statement shall be deemed to be a separate, severable, and independently enforceable provision. The invalidity or breach of any provision shall not cause the invalidity or breach of the remaining provisions or of this Release and Authorization Statement, which shall remain in full force and effect.**

**This Release and Authorization Statement shall be construed according to Maryland law and subject to the jurisdiction of its Courts. Furthermore, the parties agree that any suits or actions brought by either party against the other shall be filed in a court of competent jurisdiction in Baltimore City.**

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION STATEMENT, THAT I UNDERSTAND ITS CONTENTS AND THAT I HAVE SIGNED VOLUNTARILY. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASED PARTIES.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant Date**