



**REDMOND**  
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### **FIELD TRIP CONSENT FORM**

I am the parent/guardian of \_\_\_\_\_ (the "Child"). By my signature below, I hereby grant permission for my Child, \_\_\_\_\_, to leave Redmond Speech & Language ("RSL") clinic/grounds for a field trip on foot and supervised by RSL personnel to places such as a store, a café/restaurant, a park, a library, outdoor attractions, a school, etc.

Restrictions on any such supervised field trips for my child include (list specific places, physical limitations, allergies, etc):

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Name of Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I for myself, the Child, my spouse, any other guardian or parent of Participant, hereby give my consent for RSL personnel to provide basic first aid to Child as may be needed. I further consent to emergency medical treatment to be given to Child, as may be required, in the discretion of any certified medical personnel (physician, physician assistant, paramedics, nurse, etc.). I hereby authorize RSL personnel, to provide, in the event I cannot be contacted in the event of an emergency, any and all required authorization for medical treatment, including authorization for transportation of Child to a hospital, emergency room, or similar facility for medical treatment. I understand that reasonable steps will be taken to contact me as soon as possible.

### **ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

For myself, the Child, my spouse, any other guardian or parent of the Child, hereby freely and knowingly (a) assume all risks, both known and unknown, even if arising from the negligence of the Releasees (as defined below) or others, and assume full responsibility for the Child's participation in the field trips described above; (b) release and hold harmless RSL, its directors, officers, agents, employees, independent contractors, volunteers ("Releasees"), with respect to any and all injury, disability, exposure to and illness from infectious diseases including, but not limited to MRSA, influenza, and COVID-19, death or loss or damage to person or property incident to my Child's involvement or participation in the field trips described above, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. The scope of this release includes liability for any injuries or damages arising from the provision of any first aid and/or medical treatment arising out of



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the Child's participation in the field trips; (c) agree to indemnify and hold harmless all the above Releasees from any and all liabilities incident to the Child's involvement or participation the field trips described above, including, but not limited to attorneys' fees required to interpret and/or enforce this Agreement, even if arising from their negligence, to the fullest extent permitted by law.

**I, FOR MYSELF, MY SPOUSE AND THE CHILD, ACKNOWLEDGE AND AGREE BY SIGNING BELOW THAT (A) I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT; AND (B) I/WE HAVE LEGAL AND BINDING AUTHORITY TO ENTER INTO THIS FIELD TRIP AGREEMENT ON BEHALF OF MYSELF, MY SPOUSE AND THE CHILD.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Phone (circle: cell/home/work): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_