

UHS GENERAL PERMISSION AND RELEASE FORM
12th Grade Class Trip to New York City - May 4, 2019

I, _____ am the parent or legal guardian of _____, a minor. I hereby give permission for my child to participate in the activities of the Ukrainian Heritage School (UHS) during the 2018-2019 school year as more fully described in this document. These activities may take place at the Ukrainian Educational and Cultural Center (“Center”), 700 Cedar Road, Jenkintown, PA 19046 or they may involve field trips to other locations including for example, parks, recreational facilities, restaurants, stadiums or shopping centers. Activities may include physical activities such as, but not limited to team or individual sports, camping and related activities, bicycle-riding trips on public rights of way where motor vehicles travel or on paved and unpaved bicycle trails, as well as volunteer labor. I acknowledge that participation in UHS activities may require that my child be transported to various locations by public transportation, charter vehicle or in private vehicles of parents or UHS staff and volunteers. I specifically permit my child to be transported in this manner.

I understand that my child may be injured in connection with UHS activities as a result of horseplay, slips, falls, motor vehicle accidents or due to other reasons. I understand that some UHS activities including, for example, bicycle riding may involve a risk of serious injury or death and that these risks may be aggravated by poorly maintained equipment, hazardous roadway conditions, carelessness or failure to use safety equipment. I understand and assume all of these risks as well as all other risks foreseeable or unforeseeable risks associated my child’s participation in UHS activities. I will be responsible to ensure that my son/daughter’s bicycle and any other sporting equipment he/she brings to UHS activities is in good and safe operating condition and that he/she is provided with all appropriate safety equipment.

I agree further for myself, the above named child, his/her heirs, successors and assigns, to release and hold harmless the Ukrainian Heritage School, its directors, officers, agents, employees, volunteers and members and all of them from and against any and all claims, by whomever made or presented, for damages or compensation due to any loss, damage or injury arising from or connection with participation in UHS activities, including transportation to and from any such activities.

I specifically represent that my child is enrolled in a health insurance plan, which will provide coverage for any injury or illness requiring medical attention that my child may suffer while participating in UHS activities. In the event of a medical emergency, I authorize any licensed physician or any practitioner at a licensed medical facility to provide such medical care to my son/daughter as they may determine is appropriate.

Third parties may accept and rely on a photocopy of this document as though it were an original.

I acknowledge that I have read and understand this document.

Signature of Parent of Legal Guardian Date

Health Insurance Co. _____

Policy# _____

List known allergies (food, bees, drugs)

Current medications:

Home telephone# _____

Cell Phone# _____ (mother)

Cell phone# _____ (father)

Other Emergency Phone# _____ Name, relationship)
