PERMISSION SLIPS AND PAYMENT DUE BY NOVEMBER 10, 2026 NO EXCEPTIONS!!

SOMERSET ACADEMY, INC. FIELD TRIP PERMISSION FORM AND RELEASE

Your student is scheduled to participate in an activity/event with Somerset Academy, Inc. d/b/a **Somerset Academy Bethany** ("Somerset"). Read this form completely and carefully. This form acknowledges your choice for your student to participate in the Activity. You and your child agree to comply with all requirements, instructions, orders, directives and guidelines of Somerset while participating in the Activity. I understand and agree that unless granted a waiver for early dismissal, that my child will travel to/from Activity with Somerset. If I have been granted a waiver, it is attached as Exhibit A. Activities such as field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as extensions to the learning taking place in the classroom. This form must be completed and signed by the student's parent/guardian in order for the student to participate in the "Activity", described below:

Activity/Destination: 4-H "Fun with Insects" On-Campus Planned by: Meyer Grade: Kindergarten

Departure Date/Time: November 18, 2026 at 8am (On-Campus) ReturnDate/Time: November 18, 2026 at 12:45pm (On-Campus)

Location/Address: 500 SW Bethany Dr. Port St Lucie, FL 34986 Method of Transportation: N/A

Purpose/Nature of the Activity: Students will explore insect characteristics and habitats through a hands-on 4-H program.

The Activity will be Chaperoned by: Teachers, Admin, Chaperones There will be 7 Chaperones Activity Fee: FREE!!!!

I understand that my child may not participate in the Activity without paying the Activity Fee in full. I understand that Activity Fees are non-refundable for any reason, including illness, absence or loss of privileges. If I am unable to pay the Activity Fee, where appropriate and to the extent available, my child may have an opportunity to participate in a fund-raising activity or may be directed to other fund sources for assistance. Please note, this is not available for any Activity unrelated to classroom instruction (i.e. grad-night, athletic contests, banquets, etc.)

EMERGENCY CONTACT INFORMATION -MUST BE FILLED OUT COMPLETELY

1. Name of Parent/Guardian:_____ Telephone #:_____ Alt. #_____
2. In case Parent/Guardian cannot be reached, please contact:_____
   Relationship:_____ Telephone #:_____ Alt. #_____
3. Physician's Name:_____ Telephone #:_____
4. Insurance policy covering my child:_____ Policy #:_____
5. List any medical condition/allergies (if applicable):_____
   My child takes the following medication regularly (documentation on file with school):_____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF ACCIDENT OR ILLNESS ON TRIP.

Parent/Guardian Signature:_____ Date:_____

ACTIVITY RELEASE: BY SIGNING THIS FORM, I ACKNOWLEDGE AND FULLY UNDERSTAND, THERE ARE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, EXPOSURE TO COVID-19, ILLNESS, INJURY OR LOSS OF LIFE. DESPITE THE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, I WISH TO PROCEED AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE. I FREELY ACCEPT AND ASSUME ALL RISKS AND HAZARDS THAT MAY ARISE FROM MY CHILD'S PARTICIPATION IN THE ACTIVITY AND WHICH COULD RESULT IN LOSS, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE, (COLLECTIVELY, AN "ACTIVITY-RELATED INJURY"), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, AS DEFINED BELOW, OR OTHERWISE.

I, FOR MYSELF, MY ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS, AND FOR MY CHILD, MY CHILD'S ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS (COLLECTIVELY, "RELEASORS") HEREBY RELEASE AND HOLD HARMLESS SOMERSET, ITS GOVERNING ENTITY, OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, CONTRACTORS, SERVICE PROVIDERS, AGENTS AND ASSIGNS (COLLECTIVELY, "RELEASEES") FROM ANY AND ALL LIABILITY AND RESPONSIBILITY WHATSOEVER, HOWEVER CAUSED, FOR ANY AND ALL DAMAGES, CLAIMS, OR CAUSES OF ACTION THAT RELEASORS MAY HAVE ARISING OUT OF, CONNECTED WITH, OR IN ANY MANNER PERTAINING TO AN ACTIVITY-RELATED INJURY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, AND AGREE AND COVENANT NOT TO SUE RELEASEES AND TO HOLD EACH HARMLESS FROM ANY SUCH CLAIMS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY JUDGMENT, SETTLEMENT, LOSS, LIABILITY, DAMAGE, COSTS OR EXPENSES, INCLUDING COURT COSTS AND ATTORNEY FEES AT BOTH THE TRIAL AND APPELLATE LEVELS, THAT MAY BE INCURRED, OR ARISING OUT OF OR IN ANY WAY RELATED TO AN ACTIVITY-RELATED INJURY, OR IN ANY WAY RELATED TO THE ACTIVITY OR MY/MY CHILD'S PARTICIPATION THEREIN, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

I HAVE READ THIS FORM. I UNDERSTAND ITS TERMS ARE CONTRACTUAL AND NOT A MERE RECITAL. I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. THROUGH MY OWN FREE ACT, I VOLUNTARILY AGREE TO BE BOUND BY IT. I UNDERSTAND I HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND SOMERSET HAS THE RIGHT TO REFUSE TO ALLOW STUDENT TO PARTICIPATE IF I DO NOT SIGN THIS FORM.

Student Name:_____ Grade: _____ D.O.B.:_____ Student ID No.:_____

Parent Name:_____ Parent Signature:_____ Date:_____

Mandatory: Students MUST have field trip shirts