



INSTITUTE FOR
EDUCATIONAL
ADVANCEMENT

Pipeline to Success
Field Trip / Transportation Release

My child, _____, has my permission to participate in a field
(Name of Student)

trip to Disneyland in Anaheim, CA on Friday, May 29th, 2009. The field trip time is TBA.

Enrollment Deadline for this Field Trip is April 20th, 2009.

I acknowledge and understand that as part of this field trip, my child may be a passenger in a vehicle and operated by a licensed and insured parent volunteer, a *Pipeline to Success* instructor or other *Institute for Educational Advancement (IEA)* employee, or a private chartered transportation company.

I assume full responsibility for all risk of injury or loss which may result from participation in the *Pipeline to Success* program and agree to hold harmless, release and forever discharge the *Institute for Educational Advancement*, its contributors and their respective officers, directors, agents, or employees. I agree to waive any and all claims and demands whatsoever which I, my child, or any third party may now or hereafter have against any *IEA* party by reason of accident, illness, injury or death to persons, or damage to or loss of any property, arising or resulting directly or indirectly from my child's participation in the *Pipeline to Success* program.

In addition, in the case of an emergency in connection with this field trip and if we cannot be reached, I authorize *IEA* Parties, and each of them, to obtain whatever medical treatment they deem necessary for the welfare of our child and authorize all medical personnel to rely on this consent. I further understand and agree that I will be financially responsible for any and all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not our medical insurance would cover such charges and fees.

Please read and sign below.

I have read and understand and I hereby agree to, all of the foregoing terms and conditions.

Student's Name: _____ Parent/Guardian Name (Printed): _____

Emergency Contact Number: _____ Relation to Student: _____

Any known allergies: _____ Physician's Name & Number: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: STUDENTS WITHOUT SIGNED PERMISSION SLIPS WILL NOT BE PERMITTED TO PARTICIPATE IN FIELD TRIPS.