MAGICAL MARKETPLACE SHOPPING FIELD TRIP

Students Name:	
Check your answer below.	
I would like for my student to participate in s who they can buy for.	shopping at Magical Marketplace. I will send cash and list of
Due to Covid-19 I would prefer that my student stay at the school.	
If you checked that you would like your student to p	participate please fill out the rest of the form.
Guardian Signature:	Date:
ASSUMPTION OF RISKS,	TY, WAIVER OF CLAIMS, EXPRESS AND HOLD HARMLESS AGREEMENT ketplace Shopping Field Trip hereby agree as follows:
I,	
including, but not limited to, possible injury or loss visiting locations and interacting with persons that Releasees. Despite the potential risks and hazards a and assume all risks and hazards that may arise fro illness, personal injury, death, or property damage	ks and hazards associated with the Field Trip and its related travel of life. I further understand that while on the Field Trip, I will be are not associated with or under the control or supervision of the associated with the Field Trip, I wish to proceed, and freely acceptom my participation in the Field Trip and that could result in loss e, whether caused by the negligence of Releasees or otherwise. It ordinances rules and policies including South of Sanity's rules and
liability, damage, or costs, including court costs and	old harmless the Releasees from any judgment, settlement, loss d attorney fees for both the trial and appellate levels that Releasees deliberate act or omission on my part during my participation in the
In signing this agreement, I acknowledge a voluntarily and for full and adequate consideration,	and represent that I have read and understand it and that I sign if ally intending to be bound by the same.
I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE BOUND B	D THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING SY IT.
Parent/Guardian's Signature	