Delaware Technical & Community College
Owens Campus Child Development Center
Owens Campus On-site Excursion/Field Trip Authorization and Release Form (3/28/14)

Name of Child: ____________________________ Age: ________

Owens Campus On-site Excursion/Field Trip Description/Location:
Delaware Technical & Community College Owens Campus Locations

Owens Campus On-site Excursion/Field Trip Date: Through-out Year

Departure/Return Time: Information on CDC Class Departure/Return Log

Owens Campus On-site Excursion/Field Trip Activities:
Topics/activities related to monthly/weekly curriculum components.

Owens Campus On-site Excursion/Field Trip Transportation: Children walking and use of Center strollers or buggy

To be completed by parent/guardian:

List All Special Needs or Problems of Child Requiring Special Attention During On-site Excursions/Field Trips:

☐ I authorize my child to participate on Owens Campus, Child Development Center On-site Excursions/Field Trips, throughout the year, to supplement my child’s educational experience.

I, the undersigned parent or guardian of ____________________________, hereby grants permission for my child to participate on Owens Campus On-site Excursions/Field Trips. My permission extends to all activities which may occur during the course of an Owens Campus On-site Excursion/Field Trip.

I am aware of no physical or psychological problems which would prohibit my child’s safe participation on Owens Campus On-site Excursions/Field Trips. I authorize the Child Development Center, the College, and its employees, agents, and trustees, to provide or arrange for emergency medical treatment necessary to preserve the health of my child arising out of Owens Campus On-site Excursions/Field Trips. I agree to hold the Child Development Center, the College, its employees, agents, and trustees harmless for any and all claims, liability, expenses, or losses arising from the emergency medical treatment provided to my child on Owens Campus On-site Excursions/Field Trips.

Furthermore, I understand that the Owens Campus On-site Excursion/Field Trips may expose my child to above-normal risks to his/her personal safety. I recognize that these risks include, but are not limited to, serious disabling injuries to my child and/or death of my child arising out of the activities involved with Owens Campus On-site Excursions/Field Trips. However, knowing the material risks involved with Owens Campus On-site Excursions/Field Trips, I expressly assume any and all possible risks of injury and/or death to my child which could arise out of Owens Campus On-site Excursions/Field Trips.

In consideration of the supplemental educational experience the Owens Campus On-site Excursions/Field Trips will provide my child, therefore, I assume all risks to my child and will hold the Child Development Center, the College, its trustees, employees, and agents harmless for any and all liability including negligence actions, claims, debts, and demands of every kind whatsoever which occur directly or indirectly as a result of my child’s participation on Owens Campus On-site Excursions/Field Trips. The terms of this release and assumption of the risk serve as a release and assumption of risk for any and all liability arising directly or indirectly out of my own participation on Owens Campus On-site Excursions/Field Trips should I serve as a chaperone. Moreover, the terms of this release and assumption of the risk serve as a release and assumption of the risk for my heirs, executors, and administrators.

By signing my name below, I certify that I have read, understand, and entered into this agreement freely and voluntarily. I further certify that I am the legal guardian of the above named child.

__________________________  ____________________________  ________
Guardian Name (Print)    Guardian Signature    Date