



SUMMER EARTH STUDIES, INC. PERMISSION AND RELEASE FORM

After careful consideration of the following information, my initials and signature indicate agreement:

I, the responsible parent/guardian of my student, _____, understand that Summer Earth Studies is an experiential science course for rising junior and senior high school students. This program is not affiliated with any school or school district. My student could receive school credit and a grade for this nontraditional course as an elective physical science class. _____ initials

I understand that Summer Earth Studies is an activity-based course. Students will take 3 weekend field trips in the Winter/Spring and the main trip for 18 days in the western United States. Students will do various activities like camping, hiking, swimming, and river rafting, as well as normal events like walking to a restaurant, shopping, sight-seeing, going to a movie, staying in a hotel, and sharing a room with fellow students. _____ initials

I understand that an experiential course like Summer Earth Studies has inherent risks and potential dangers that could cause injury or even death. My student will be responsible for managing his/her own personal health and welfare by studying, eating, spending money, managing medications, sleeping, and following teacher/chaperone directions appropriately and thoughtfully. A student/supervisor ratio of 8/1 will be maintained during the course. _____ initials

I understand that my student will fly round-trip to Salt Lake City, Utah, with a commercial airline. My student will travel in a Chevrolet Suburban with a teacher/chaperone driver following safety guidelines. During the 3 weekend field trips, I give permission for my student to ride in a private vehicle with a teacher/chaperone or another parent driver. If I do not give this permission, then I will drive my student myself. _____ initials

I understand that my student is expected, and has been informed by me, to do exactly what he/she is instructed to do by his/her supervisors. My student and I have discussed the requirement of adhering to basic safety guidelines, including Covid-19 safety protocols set forth by the CDC. _____ initials

I understand that my student is expected, and has been informed by me, to do exactly what he/she is instructed to do by his/her supervisors. My student and I have read the SES safety manual. My student and I have discussed the requirement of adhering to basic safety guidelines, including Covid-19 safety protocols set forth by the CDC. _____ initials

I represent that my student has medical insurance through our family's insurance carrier. If an emergency medical condition arises during the trip, I give the supervisors permission to arrange and transport my student to a medical facility. If I cannot be reached in a reasonable amount of time, then I give the supervisor permission to consent to procedures or treatments at his/her discretion.
_____ initials

I represent that my student has excellent swimming ability and I give my student permission to participate in water activities like swimming and river rafting. _____ initials

I request that my student be allowed to participate in Summer Earth Studies and specifically consent to his/her participation in all of the scheduled events, except for the activities listed below: _____ initials

I release and waive, and further agree to indemnify, hold harmless or reimburse Summer Earth Studies, Inc., its officers, the course director, teacher, chaperones, and supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, injuries, or illness arising out of, during or in connection with my student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian

Date _____

MEDICAL HISTORY PERMISSION AND RELEASE FORM

Student Name _____ Age _____

Address _____

In case of emergency, notify _____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

All Immunizations, including Tetanus? _____

Medical Conditions? _____

Food, Drug, Insect Allergies? _____

Current Medications? _____

Any medical needs of your student, of which adult supervisors should be aware?

Permission for Treatment

My permission is granted for Summer Earth Studies supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse Summer Earth Studies, Inc., its officers, the course director, teacher, chaperones, and supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, injuries, or illness arising out of, during or in connection with my student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian

Date _____

Please return this form by email to ses.schafer@gmail.com or by regular mail to

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