**Parent/Guardian Permission Form**

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To participate in the field trip to **Yank Sculpture and Design Studio** as a part of the High School Sketch program at the Cedarburg Art Museum. The Yank Sculpture and Design Studio is located at W62 N718 Riveredge Drive, Cedarburg WI 53812.

* **November 5, 3:30-5:30pm**

Emergency Information:

In the event of an emergency on the day of the field trip, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Cedarburg Art Museum and the Yank Sculpture and Design Studio to secure emergency medical care as needed.

**Waiver and Release of All Claims:**

Please read this form carefully before signing.

I recognize and acknowledge that there are certain risks of physical injury to participants in field trip activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against the Cedarburg Art Museum and Yank Sculpture and Design Studio, including its officials, agents, volunteers, and employees.

I do hereby fully release and forever discharge the Cedarburg Art Museum and Yank Sculpture and Design Studio from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these activities.

I have read and fully understand the above important, warning or risk, assumption of risk, and waiver and release of all claims.

I understand that I am responsible for transportation of the above-named student to and from this activity.

If your student needs transportation, please contact director Samantha at samantha@cedarburgartmuseum.org.

Please PRINT Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date