



KAMEHAMEHA SCHOOLS

Permission for Alternative Transportation

Name of Child

School or Educational Site

Field Trip Name and Date

I/We understand that the standard transportation method for students at Kamehameha Schools is via a KS approved school vehicle(s) from KS premises to the field trip site(s) and back to KS premises. I/We request permission to make a change from this standard transportation method by the following method(s) [please check all that apply]:

I/We will transport my/our child and sign him/her in at the field trip/activity site.

I/We have designated another adult to transport my/our child and sign him/her in at the field trip/activity site.

Name of responsible adult

I/We will transport my/our child and sign him/her out from the field trip/activity site.

I/We have designated another adult to transport my/our child and sign him/her out from the field trip/activity site.

Name of responsible adult

In consideration for allowing me to deviate from KS' scheduled method of transportation, and on behalf of myself/ourselves, my/our personal representative, my/our heirs, my/our assignees and my/our child, I/We (a) waive and release any and all claims against KS and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively also "KS"), for injuries, liabilities, losses or damages connected with or arising out of my deviation from KS' scheduled method of transportation for my/our child; and (b) we agree to indemnify, defend and forever hold harmless, KS from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys fees and costs, relating to the alternative transportation arrangements for my/our child.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date



KAMEHAMEHA SCHOOLS

Permission to Leave the Group

Name of Student

Grade

Trip Name

Trip Date

Date and Time of Separation

Date

Day of the Week

From

am/pm to

am/pm.

Date and Times when child must remain with the group:

Time and place for student to return with the group:

Information about adult assuming responsibility for student (if not the parent(s)):

Name

Phone:

Address:

Form of ID:

Staff Member verifying identification:

Date:

Adult acknowledging receipt of child:

Date and time:

I request permission for my child to leave the group with **me/us/the above named adult (circle one)** for the period indicated above. I understand that reasonable care will be used to verify the identity of any adult taking temporary physical custody of my child prior to the scheduled completion date/time of the field trip/activity. I understand that my child may need to stay with the group during the period(s) indicated above, and I agree my child will be returned to the group for said period(s). If for any reason my child is not returned to the group for said period(s), I assume complete responsibility for all costs incurred in reuniting with the group later or missing the remainder of the trip, as applicable.

In consideration for allowing my/our child to leave the group for the period indicated above, and on behalf of myself/ourselves, my/our personal representative, my/our heirs, my/our assignees and my/our child, I/We (a) waive and release any and all claims against KS and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively also "KS"), for injuries, liabilities, losses or damages connected with or arising out of my deviation from KS' scheduled method of transportation for my/our child; and (b) we agree to indemnify, defend and forever hold harmless, KS from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys fees and costs, relating to my/our child leaving the group.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date