



KAMEHAMEHA SCHOOLS

Permission to Leave the Group

Name of Student _____	Grade: _____
Trip Name and Date _____	
Date and Time of Separation: Date _____ Day of the week _____ from _____ am/pm to _____ am/pm	
Date/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 _____	
Address _____	
Phone _____	
Form of ID _____	
Staff Member verifying identification: _____ Date _____	
Adult acknowledging receipt of child: _____ Date and time: _____	
<p>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.</p> <p>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 representatives, 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/our child leaving the group for the period indicated above; 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.</p>	
Signature of Father/Legal Guardian _____	Date _____
Signature of Mother/Legal Guardian _____	Date _____