



**General Waiver • Field Trip Permission**

**YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN ANY  
EXTRA-CURRICULAR ACTIVITIES UNTIL THIS FORM IS SIGNED AND  
RETURNED TO WHITE ROCK MONTESSORI.**

\_\_\_\_\_ is my child, and is now under my control and in my custody. I desire my child to go on any and all trips, and to participate in any and all activities, along with other students from White Rock Montessori School during his/her entire enrollment in the school. In consideration of such child being permitted to make such trips and to take part in such activities and the instruction such child will receive by reason thereof, I hereby release White Rock Montessori School, its president, directors, teachers, and employees, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of accident or injury suffered by said child while on said trips or engaged in such activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

*This form to be filed and maintained in the child's School records.*