



Biology. Kids. Hands-on. Fun.

Bionerds, Inc
PO BOX 81004
Rancho Santa Margarita, CA 92688

(949) 288-1486
hello@bionerdsllc.com
www.bionerdsllc.com

EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

I hereby give my permission for my child, _____, to participate in the Bionerds field trip or excursion as a part of his/her Bionerds Programs specified below:

Field trip site: **Vista Point at Newport Bay (Peter and Mary Muth Interpretive Center)**

Address: **Back Bay Drive at Eastbluff Drive, Newport Beach, CA 92660**

Field Trip Date: **Saturday, December 8, 2018**

Time: **9:30 - 11:00 am** Is this a water activity? YES NO

I give my permission for my child to participate in a water activity: ? YES NO N/A

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation, or unfulfilling of this behavior standard will be sent home at the parents' or guardians' expense. Parent or guardian has to be ready to pick up the child anytime during the field trip.

I, the undersigned, hereby release and discharge Bionerds, its members and employees (herein collectively referred to as "Company") from all liability arising out of or in connection with the above-described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the Company because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the Company.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or guardian(s) or participant.

Signature of Parent/Guardian:		Date:	
Print Name:			
Relationship to the child:			
Address:			
City, State:		Phone No:	
Health Insurance Company:			
Policy Number:			
Insurance Company Address:			



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Emergency Contact (if different from above): IMPORTANT TO FILL OUT!	Name:	
	Relationship:	
	Address:	
	Phone:	

SPECIAL NOTE TO PARENTS/GUARDIANS:

- (1) We do not administer drug or medication to your child.
- (2) We do not provide transportation to and from the field trip site. The parent or guardian will drop off the child NOT earlier than 15 minutes before the scheduled time, and pick up the child by the scheduled time. We do not provide day care afterward.
- (3) Please have your child bring his or her own drink his or her name on it.
- (4) List any allergy if any: _____
- (5) Parents/Guardians may join the field trip for free as chaperones. Please let us know ahead of time.
- (6) Initial here: _____ if there are NO special issue(s) or concern(s) that the staff should be aware of regarding your child.
- (7) If your child has a special medical problem, kindly write below or attach a description of that problem to this sheet. We will try our best to give special accommodation but no guarantee.