

**Sierra Streams Institute  
Education and field trip liability release**

I, parent of \_\_\_\_\_ (print name of student), hereby, with full knowledge of my rights to do freely, voluntarily enter into the Student Waiver and Release of Liability (“Agreement”) in favor of Sierra Streams Institute (SSI) and College Park Friends Educational Association (CPFEA), both entities are California nonprofit organizations.

**1. Assumption of Risk.** I acknowledge that there is some inherent risk in the field trip programs with SSI that include falls, allergic reactions, wildlife interactions, and other unforeseen incidents.

**2. Waiver and Release.** I hereby release SSI and CPFEA, its directors, officers, employees, volunteers, from any and all liability in law or equity, that I, my heirs, guardians, legal representatives, assigns or other representatives (collectively “I”) now have for my child’s participation in activities for SSI. I hereby agree that I will not make a claim or file any action against SSI or CPFEA for any injury, harm, damages or compensation resulting from my child’s participation on field trip programs with SSI.

**3. Insurance; Medical Treatment; Workers Compensation.** I understand and hereby agree that SSI and CPFEA does not assume any responsibility for providing assistance, including but not limited to medical, health, disability or worker’s compensation care, insurance or compensation, in the event of any injury, illness, death or property damage with respect to my child’s activities for SSI, and I expressly waive any claim for compensation or liability on the part of SSI and CPFEA.

**4. Photo, Audio, Video, Work Product and Intellectual Property Release.** I hereby grant and convey to SSI permission to use my child in photos or video that positively promote SSI’s education program. Please indicate if you consent below.

**5. Miscellaneous.** I hereby expressly agree that this Agreement is intended to be as broad and inclusive as permitted by California law, which shall govern, and shall be liberally interpreted in SSI’s and CPFEA’s favor. If any provision of this Waiver is invalidated by any court of competent jurisdiction, the remaining provisions shall continue in effect. This agreement is the entire agreement between the parties.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.**

\_\_\_\_\_  
Parent or Guardian      Print Name

\_\_\_\_\_  
Parent or Guardian      Signature

\_\_\_\_\_  
Date

**I DO DO NOT (CIRCLE ONE) PROVIDE CONSENT TO HAVE PHOTOS OR VIDEO TO BE TAKEN OF MY CHILD ON FIELD TRIP PROGRAMS WITH SSI.**

\_\_\_\_\_  
Parent or Guardian      Signature

\_\_\_\_\_  
Date