MAHARISHI SCHOOL OF THE AGE OF ENLIGHTENMENT
ADMISSIONS OFFICE, 804 DR. ROBERT KEITH WALLACE DRIVE, FAIRFIELD, IOWA 52556
TEL: (641) 472-9400 FAX: (641) 472-1211

AGREEMENT TO PARTICIPATE IN FIELD TRIPS AND OFF-CAMPUS ACTIVITIES

1. Nature of Activity: Maharishi School of the Age of Enlightenment periodically conducts class field trips and special activities off the School's premises as an enrichment of the educational experience of your child. We have found these trips to be a most stimulating and enjoyable means to enhance the learning experience, though they involve a considerable additional degree of responsibility for our teachers and the School. In order to successfully continue these programs, we believe it is important that the student and parent be aware of their special responsibilities. We appreciate your reviewing and signing this Agreement to Participate annually should you wish your child to participate in these optional programs. When possible, we will try to provide notices and agreements for you to review and sign which describe the particular field trip or activity being planned. Should you have any question concerning these programs or any particular field trip or special activity, please do not hesitate to contact your child's Principal. We thank you for your continued cooperation.

2. Insurance: The School provides a Student Accident insurance plan for the benefit of your child. However, it may not cover any or all of a claim you may have as a consequence of an on- or off-campus school activity. A description of the plan and claim forms are available from the Maharishi School Administrative Office (472-9400).

3. Risks and Release: The risks involved in any off-campus activity may be greater than those occurring on campus in an environment we can more closely control and monitor. In balancing the risks against the advantages of such off-campus programs, the School has decided that it would like to continue these programs. However, in consideration for offering these off-campus programs, the School kindly requests that you, as the child's legal guardian, on behalf of your child and yourself, agree to release the School from any liability for claims arising from these off-campus programs, other than student accident insurance claims, that may arise as a result of the School's negligence. This includes acts or omissions of our teachers, staff, volunteers, trip supervisors, agents, officers, or trustees. Thank you for signing below to indicate your agreement.

4. Request and Medical Authorization: By signing below, you also request that your child be allowed to participate in any field trip or special off-campus school activity planned by the School for his or her participation and you consent to his or her participation in those activities throughout the school year. You also agree to the provision of any emergency medical procedures or treatment required for your child during any such activity, and consent to the trip supervisors taking, arranging for, or consenting to these procedures or treatment.

5. Instructions: You understand that your child's continuing participation is based on his or her following all instructions from the School's representatives.

Name of Child(ren): 1)_____ 3)_____

2)_____ 4)_____

Agreed to by: _____ _____

Signature of Parent or Guardian Date