Friends of Lafitte Greenway Explorers
Field Trip Permission Slip

My child _____ (name) has permission to attend a field trip with Friends of Lafitte Greenway on (date) _____. I understand that the field trip will consist of outdoor activities on the Lafitte Greenway near Sojourner Truth Neighborhood Center, 2200 Lafitte St.

I, the minor's parent and/or legal guardian, understand the nature of outdoor activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Friends of Lafitte Greenway, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein)and their board, from all liability, claims, demands, losses or damages on the minors account caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

I hereby grant and convey unto Friends of Lafitte Greenway all right, title, and interest in any and all photographic images and video or audio recordings made by Friends of Lafitte Greenway during the Activity, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

_____ _____
Child Full Name Age

_____ _____
Parent/Guardian Signature Date

_____ Emergency contact phone _____
Parent/Guardian Name

_____
Street Address, City, State, Zip code

_____
Email

_____
Phone

☐ I want to volunteer with Friends of Lafitte Greenway!
☐ I do NOT want to receive emails from Friends of Lafitte Greenway