## IMAGINATION STREET Field Trip Consent Form & Waiver One per student

Participant (Child Information):	
Participant/Child's Full Name	Child's Birth Date (MM/YY)
Parent/Guardian Name	Email
Address (Optional)	Phone
I, (Parent/Guardian)  Name), to park Square Dr. Ankeny, IA 50023 and under the	, grant permission for my child, (Child's participate in a field trip to Imagination Street located at 1345 SW guidance and direction of employees and/or volunteers from (Organization Name).
on his or her behalf, and on the behalf of the participal following conditions: I represent that I am the parent of permission from the parent/legal guardian of the participation behalf. I agree that the participant named above, and I posted safety signs, rules, and verbal instructions as of Street. In addition, if I am in attendance as an employed will bring it to the attention of the nearest Imagination and/or the above-named organization on my behalf, if the visit and under no circumstance is an Imagination responsible for the care or direct oversight of the abassociated with participation in Imagination Street's facknowingly and freely assume all such risk, both known of other participants; and, I, for myself and the particip personal representatives, and next of kin, hereby release management, their affiliates, officers, members, agents	tion Street play area as part of this field trip group, the undersigned, ant identified above, acknowledges, appreciates and agrees to the or legal guardian of the participant named above, or I have obtained cipant named above to execute this Consent Form/Waiver on their (if in attendance) shall comply with all stated and customary terms, conditions for participation in the field trip planned at Imagination are or chaperone and observe any hazard during our participation, I street employee or official immediately. I understand that I myself is responsible for my child's safety and behavior at all times during the street management, employee, agent or other obligated or cove-named participant. I am aware that there are inherent risks acility and I, on behalf of myself and the participant named above, and unknown, including those that may arise out of the negligence ant named above, and our respective heirs, assigns, administrators, ase and hold harmless, Imagination Street, and Imagination Street, employees, other participants, and sponsoring agencies from and tages arising out of or related to our participation in any and all the play area during the field trip.
Parent/Guardian Signature	Date
Parent/Guardian Printed Name	
Photo Release Form for Minors:	
business. I understand that the images may be used in	my child's photograph publicly to promote Imagination Street's print publications, online publications, presentations, websites, and other compensation shall become payable to me by reason of such
Parent/Guardian's signature:	Date: