



Clyde Austin 4-H Center Environmental Education Program
4-H Center Field Trip Permission Form

Students Name _____ Date _____
Home Address _____ Home Phone _____
_____ Cell Phone _____

This form must be completed and signed by the parent or legal guardian for each child who participates in the Camp Explore program at the Clyde Austin 4-H Center.

I _____ give permission for my child _____
(parent/guardian) (child's name)

to participate in the Environmental Education program at the Clyde Austin 4-H Center in
Greeneville, Tennessee from _____ to _____ as an extension of his/her
classroom curriculum. (departure date) (return date)

I hereby release The University of Tennessee Extension Service, the local school and school system, their employees and volunteer chaperons from any financial responsibility due to sickness or accidents that may occur during or as a result of this activity. To insure prompt attention in case of serious sickness or accident, I hereby authorize the persons responsible to incur expenses considered necessary and agree to pay for the same, if they are not covered by my insurance policy. Should the need arise; I give permission for my child to be taken to a doctor or hospital for medical treatment. I understand that I am responsible for transporting my child in the case of a medical or discipline problem which the coordinating teacher deems it necessary for my child to return home.

I understand that The University of Tennessee does not provide accident insurance coverage for participants in the Camp Explore Environmental Education program at the Clyde Austin 4-H Center. I understand that The University of Tennessee strongly recommends accident insurance coverage be provided for my child by my personal policy or a school policy.

Publicity Release

As indicated by the signatures on this form, Environmental Education campers authorize The University of Tennessee to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Yes ___ I hereby grant permission for my child to be a part of a Publicity Release for the Camp Explore Program.

No ___ I do not grant permission for my child to be a part of a Publicity Release for the Camp Explore Program.

Parent/Guardian Signature _____ **Date** _____