Richmond Montessori School
Swimming Field Trip Waiver and Release Form

Swimming is held off site at one of our local partner pools. Students ride on RMS activity buses, 
Please send a towel, bathing suit and plastic bag each day. You may also send goggles and/or nose clips.

Student Name ____________________________________________ Age ________

Has your child had swim lessons before? (Yes / No) Skills learned: ____________________________________________

Fears/Limitations: _________________________________________________________________________________________

Parental Waiver and Release

I give permission for my child, ____________________________________________, to participate fully in the field trip for swimming three times each week when registered.

I acknowledge the value of my child’s participation in this activity while, hereby, recognizing that not all elements of risk can be enumerated, anticipated and/or eliminated on field trips. I understand that potential risks associated with off campus trips include, and are not limited to: transportation, inclement weather, uneven terrain, distance from medical supplies/facilities, lack of communication methods, theft, illness and injury.

I understand that, as a steward of Richmond Montessori School, my child is to be dressed, and to behave and speak appropriately while participating in this activity. I agree that any personal items brought on the trip are entirely my child's responsibility.

I certify that my child is physically fit and has not been advised by a qualified medical professional not to participate. I certify that there are no health-related or other problems, which preclude my child's participation in this activity.

I hereby consent that my child may receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this activity, and that I will be financially responsible for such medical treatment.

I waive, release, and discharge from liability arising from the negligence or fault of the entities or persons released, property damage of theft, or actions of any kind which may hereafter occur to my child including traveling to and from this event, up to and including personal injury, disability and death of my child, the following entities or persons: Richmond Montessori School, along with their employees, administrators and Board of Directors.

I indemnify, hold harmless, and promise not to sue the entities or persons listed in the above paragraph from any and all liabilities or claims for negligence made as a result of participation in this activity or event.

This waiver and release shall be construed broadly to provide a release and waiver to the maximum extent permissible under Virginia law.

I certify that I have read this document, and I fully understand its content. I agree to accept full responsibility for my child's participation in this activity/event. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Authorization to Attend an off-site pool:
I hereby grant permission for my child to be transported on the RMS Activity Bus to attend swimming lessons at Woodmont Recreation Association and/or Wembly Swim and Racquet Club. I understand that Woodmont Recreation Association and/or Wembly Swim and Racquet Club and their lifeguards are not affiliated with Richmond Montessori School, and Richmond Montessori School staff members will accompany my child at all times.

1. The Woodmont Recreation Association (WRA) or Wembly shall not be responsible for the loss of any personal property belonging to the Guest brought onto the WRA premises.
2. The Guest and Family will indemnify and hold harmless the WRA (including its Directors, Officers, and /or agents) or Wembly from any and all liability or claims for damages to the Guest while being a Guest at the WRA or Wembly, this includes use of the Diving Boards only after successfully passing the designated swim test.
3. The Guest understands and shall abide by all WRA and Wembly Rules.

Parent/guardian printed name:_________________________ Date __________ Parent’s Phone ____________________________

Emergency contact #1 name: _______________ Phone: _______________ Emergency contact #2 name: _______________ Phone: _______________

Notes/Medical/Allergies/ Diet: ____________________________________________________________________________

Parent/Guardian Signature ____________________________________________ Date: __________ Printed Name: __________________________________