# KAMEHAMEHA MIDDLE SCHOOL 

Grade 7 Class Picnic Informational Letter
April, 2012
Dear Family Member,
One of the highly anticipated activities of the school year is the annual Class Picnic. The picnic allows students the opportunity to interact with peers and teachers from other pútulu or teams in a relaxed and casual environment. Sherwood Beach Park is on the windward side of the island. Students will be confined to a limited area that will be patrolled by our faculty, staff and offduty Honolulu Police Officers.

| Date: | April 20, 2012 |
| :--- | :--- |
| Time: | 8:10am $-1: 30$ pm (Students will arrive to school by $7: 30$ am and <br> report directly to advisories for attendance.) |
| Transportation: $\quad$ KS Bus to and from the beach park. |  |$\quad$| Lunch will be provided. Students may bring their own snacks and |
| :--- |
| beverage. Coolers are not permitted. |$\quad$| Students will be allowed to play on the beach on the grassy |
| :--- |
| areas and to swim under the supervision of teacher chaperones |
| and two life guards. Life guards will determine water conditions, |
| provide cautionary statements and establish boundaries for |
| swimmers. A KS nurse will also be present. Boogie Boards are |
| permitted. Students are responsible for their personal |
| belongings brought to the picnic. If it is not needed, leave it at |
| home. |

The picnic is traditionally a fun-filled day for your child. If you have any questions about the picnic, call 843-3475.

Please complete the form below, detach and return by April 13, 2012 your child's social studies teacher.

1. Expectations and Instructions: I/we understand that my/our child is expected to, and my/our child has been instructed by me/us to do exactly what he/she is instructed to do by the adult staff/volunteer, and to comply with all special requirements.
2. Insurance and Release: I /we represent that the student has insurance through my/our own insurance carrier and that any claims for accidental injuries must be filed by me/us with my own insurance carrier before presenting a claim to KS.

I/we request that the above-named student be allowed to participate in the trip/activity planned, and I/we hereby specifically consent to his/her participation. If any emergency medical procedure or treatment is required during the trip/activity, I/we consent to the trip/activity supervisor(s) taking, arranging for or consenting to the procedure or treatment in his, her, or their discretion.

In consideration for allowing my/our child to participate in the above-described field trip/activity and on behalf of myself/ourselves, my/our personal representatives, my/our heirs, my/our assignees and my/our child, I/we hereby waive and release any and all claims against KS and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively also "KS"), for injuries, liabilities, losses, or damages connected with or arising out of my lour child's participation in the trip/activity, my/our child's transportation to or from the trip/activity, or the rendering of emergency medical procedures or treatment, if any.
3. CANCELLATION POLICY: I/we understand that all trips/activities are subject to the terms described in the Notice regarding KS' Policy on Withdrawal of Travel Endorsement and Acknowledgement. I/we am returning a signed acknowledgement of this policy if this trip involves off-island travel.
4. Indemnification Statement: In consideration for allowing my/our child to participate in the abovedescribed trip/activity, I/we agree to indemnify, defend, and forever hold harmless KS from and against any and all claims, proceedings, injuries, liabilities,, losses, damages and expenses including reasonable attorneys fees and costs, relating to or arising out of the trip/activity, my/our child's transportation to or from the activity, or the rendering of required medical procedures or treatment, if any, to my/our child.
5. Parental Consent: I/we have read the information about the Kamehameha Schools plans for a field trip/activity as described in detail in this form. I/we have signed this permission form only after understanding and considering the information contained in this form.

# $7^{\text {th }}$ Grade Picnic <br> Return this portion to your social studies teacher 

My child $\qquad$ in $\qquad$
(Teacher's Name)
Has my permission to swim.

Has my permission to swim with the following restrictions
(Please list any physical or medical conditions that your child may have which may limit his/her participation in the day's activities. Please also indicate any medication, the frequency and dosage that your child may require.)

Does not have my permission to swim.

Father's/Guardian's Printed Name

Father's/Guardian's Signature/Date

Mother's/Guardian's Printed Name

Mother's/Guardian's Signature Date

Address: $\qquad$

Telephone:
Home Work Cell

Please return to your child's social studies teacher or FAX (843-3517) by April 13, 2012

