SOAR REGIONAL ARTS
Field Trip Reminder and Permission Slip

SOAR Regional Arts would like to remind families that members of the High School Musical Cast have a field trip coming up! On Wednesday, July 29th, 2015 the cast of High School Musical will be traveling to Children's Hospitals of Minnesota, Minneapolis, MN to perform snippets from the current musical. Students should be dressed for our performance in High School Musical t-shirts.

Participation and Medical Emergencies
I grant permission for my child or ward to participate in all activities, except as indicated under "allergies and/or special needs", and I understand that SOAR Regional Arts provides no health insurance or medical coverage and that the signing of this form acknowledges my responsibility for payment of any medical treatment which may be required while my child or ward is participating in any SOAR Event. I further grant permission for SOAR Regional Arts or its representatives to procure any and all necessary medical help for my child or ward while they are under the supervision of SOAR Regional Arts and authorize SOAR Regional Arts or its representatives to permit any competent medical person to take all reasonable measures to treat any injury or sickness that my child or ward may suffer.

Release
By signing this form I herby state that I release all members of SOAR Regional Arts staff and any other party involved in the organization administration of SOAR Regional Arts from any liability as a result of any injury sustained in or around a performance venue.

If there are any questions or concerns on behalf of your cast member, please be sure to contact SOAR as soon as possible. We look forward to seeing you at this exciting event!

Sincerely,

SOAR REGIONAL ARTS
Email: soar@soararts.com
==========

LIABILITY WAIVER

We fully understand the conditions and rules that apply to SOAR REGIONAL ARTS and the field trip to Children's Hospital on Wednesday, July 29th, 2015. We hereby grant permission for our son/daughter to participate. We further agree that SOAR REGIONAL ARTS and any ADVISOR will not be held legally responsible in the event of accident or injury.

_____ _____
Student (Print Name) Date Parent/Guardian Date