

Permission Form Floating Classroom Program

NAME (age 18 or over): _____

ADDRESS: _____ PHONE (____) _____

CELL PHONE(____) _____ EMAIL ADDRESS _____

Who should be contacted in case of EMERGENCY?

Name: _____ Phone:(include area code) _____

Name: _____ Phone:(include area code) _____

I will be participating in the Floating Classroom Program on _____ (date). I understand that even though risks have been identified, prioritized and managed to the highest degree possible, unpredictable situations may be encountered on, in, or near the water which may pose a danger to participants.

The undersigned agrees to hold the field trip coordinators, the Texas A&M University's Floating Classroom Program, and their representatives, harmless from any claim for injury to myself arising out of or in any way connected with the above named activity. It is also understood that possession and/or use of illegal drugs, alcohol, profane or abusive language, weapons, or vandalism may result in my removal from the program.

KNOWN ALLERGIES (medical or food): _____

MEDICAL PROBLEMS , SPECIAL NEEDS OR MEDICATIONS: _____

INSURANCE COMPANY _____ POLICY # _____

SIGNATURE:

_____ DATE _____