



**PARENT/GUARDIAN PERMISSION AND MEDIA RELEASE FORM**

Event Name: Trip to Virginia Safari Park | 229 Safari Ln, Natural Bridge, VA 24578

Date of Event: April 3, 2022 **Departure Time:** 7:45 am -8:00 am **Return Time:** 4:45 pm to 5:00 pm

Departure and Pick up Location: Walmart Parking Lot- 7901 Brook Road in Richmond, Virginia 23227

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**EVENT PERMISSION**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.

I give my permission for my son/daughter to participate in the event listed above. I understand that although Rising Toward Success, Inc. Staff and Volunteers will supervise my son/daughter, I do assume the risk in my son's/daughter's participation in the event.

I acknowledge that I will not seek to have the Rising Toward Success, Inc. staff or volunteers held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property, which may result from the student's participation in the event. I hereby release and agree to hold harmless Rising Toward Success, Inc., its staff, agents and volunteers, from any claims arising out of my son's/daughter's participation in the event(s).

**Photograph Release**

I, hereby grant permission to Rising Toward Success, Inc.(RTS) to use photographs and recordings containing my son's/daughter's image, likeness, or voice on its website or in other official websites, social media, printed publications, video recordings, and television or motion picture productions that will be produced, used, or distributed for legitimate purposes and without further consideration.

I also acknowledge that Rising Toward Success, Inc. may use the aforementioned media in subsequent years and reserves the right to discontinue its use without notice.

I have read, understand, and accept all of the statements recited above. I accept full responsibility as described.

\_\_\_\_\_  
Student's Signature (as appropriate) Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's/ Guardian's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's/ Guardian's Signature. Date: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name:		
Address	City	Zip
Work Phone	Cell Phone	
Other Emergency Contacts		
1. Contact Name	Cell Phone	
2. Contact Name	Cell Phone	
3. Contact Name	Cell Phone	

**HEALTH CARE INFORMATION**

Participant Name: \_\_\_\_\_

**Physician**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

**Dentist**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Dental Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

**Please return a completed and signed copy to [risingtowardssuccess@gmail.com](mailto:risingtowardssuccess@gmail.com).**

**For any further instructions or guidance regarding this form, please contact Monica L. Ball, the Event Organizer, at 804-310-5055.**

**Thank you!**