

Snow Tubing
Permission Slip

Student Last Name _____

Homeroom _____

LOMA LINDA ACADEMY JUNIOR HIGH
10656 Anderson Street, Loma Linda, CA 92354 (909) 796-0161, Extension 2200

**Permission slip and payment (\$27) due no later than Monday, January 8, 2018.
The accompanying Snowdrift permission must also be signed and returned to office.**

MEDICAL RELEASE

In the event of sudden illness or accident requiring attention, I hereby authorize Loma Linda Academy to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

(Parent Signature)

PERMISSION

I hereby give permission for _____ to go to **Snowdrift in Running Springs**,
(Name of Student)

for the *Loma Linda Academy Junior High* afternoon of snow tubing, **January 12, 2018**. Cost is \$27. Departing **LLA after school. Returning to LLA at 5:00 pm.**

(Parent Signature)

RELEASE

I agree to indemnify and hold harmless the sponsors, Loma Linda Academy and Southeastern California Conference and Association of Seventh-day Adventists, for liability arising from any accident or injury occurring during the trip to **Snowdrift in Running Springs, January 12, 2018**. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility between school, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of student accident insurance, which covers school-sponsored activities.

(Parent Signature)

(Date)

(Parent Printed Name)

(_____) _____

Telephone where I can be reached during this event

Cell Home Work

Office Use Only:

Cost \$27 Paid by: Cash Check # _____ Cashier's Initials _____ Date/Time _____