

## PERMISSION SLIP FOR FIELD TRIP

(Facility's Name)		(Today's Date)
	our child. <b>Closed toe shoes must</b> l	ess to learn about rail safety and awareness and be worn. Open toed shoes are not allowed and
Date of Trip	Departure T	ime
Location of Trip	Return Tim	ne
Phone ()	Method of Travel	
Driver(s)		
To give permission, please	e sign the lower half of the permission.	n slip and return it to the class by
(Date)	_	
	(keep the top half for your info	ormation)
Child's Name	(cut along dotted line and re	
(Last)		(First)
I give permission for my child to attend with(Name of Class)		on a field trip to
(Location of Trip)	on (Date)	·
<u>OR</u>		
I DO NOT give permission for my ch	(Name of Class)	on a field trip to
(Location of Trip)	on (Date)	·
Parent/Guardian Signature		



## MEDIA CONSENT FORM AND RELEASE

I am the parent/guardian of	(print full name of child)
and permission to use photographic portraits, pictures Child may be included in whole or part, or reproduction	ress, Wheatland Railway, and their agents the absolute right s, digital images, or video tapes of My Child, or in which My ons thereof in color or otherwise for any lawful purpose mpany publication print or digital, or on their websites,
I hereby waive any right that I may have to inspect and used in connection therewith, wherein My Child's like	d/or approve the finished product or the copy that may be ness appears, or the use to which it may be applied.
Railway and their agents from all claims, demands, and reason of this authorization or use of My Child's photo including any liability by virtue of any blurring, distorti	
I represent that I am at least eighteen (18) years of ago	e and am fully competent to sign this Release.
PLEASE CHECK ONE OF THE BOXES	S BELOW AND THEN SIGN YOUR NAME(S)
<b>—</b>	am the parent(s) or guardian(s) of the above named child reservation to the foregoing on behalf of My Child.
	I are/am the parent(s) or guardian(s) of the above named without reservation to the foregoing on behalf of My Child.
(Parent/Guardian's Signature)	(Date)
(Parent/Guardian's Printed Name)	(Primary Phone Number)



## WAIVER OF LIABILITY & INDEMNITY FORM

By signing below I agree to:

- 1. Release and forever discharge Great Sandhills Railway Ltd., Canadian Safety Train Express, Wheatland Railway, and their agents (individually and collectively referred to as the "the Releasees") from and against any and all liability for any loss, expense, property damage, personal injury or death that I may suffer as a result of the visit, or in any manner connected with related to or as a consequence of the visit so made, due to any cause whatsoever, including any negligence on the part of the Releasees and,
- 2. Save and hold harmless and indemnify the Releasees from and against any and all claims, causes of actions, costs, damages, demands and obligations of any kind or nature whatsoever, including court costs and legal fees, from or in connection with any action or proceeding brought, assisted, or prosecuted contrary to the provisions of this Agreement, which I may now have, or may hereafter have as a result of the visit or in any manner connected with or as a consequence to the visit so made, due to any cause whatsoever, including any negligence on the part of the Releasees.

(Parent/Guardian's Signature)	(Date)	
(Parent/Guardian's Printed Name)	(Primary Phone Number)	
(Child's Printed Name)		