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Field Trip Permission and Release Form

This form gives permission for _____ to participate in off campus field trips as part of the educational experience offered through Zion Massage College.

Please read the following statements carefully, fill in the required information below and then date and sign this form. By signing this form, you are releasing Zion Massage College, its employees, representatives, agents, and volunteers from any liability, personal injury, death, or property loss incurred in connection with the event(s). You are also giving Zion Massage College, its employees, representatives, agents, and volunteers permission to seek whatever medical attention is deemed necessary in the event of an emergency and provide preventative care.

I understand that my participation in these events is voluntary and if unable to participate, students will have alternative classes available to them.

I understand and agree that if I prefer to provide my own transportation, I take full responsibility for my own safety. I understand that the field trip begins and ends at the event location. Anything before or after the specific event is on my own time. I understand that I am still required to be on time for the field trip at the event.

Date: _____
Student/Participant Signature

Student/Participant Phone #: _____

Health Insurance Carrier and Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Contact Number: _____

In the case of a minor student, a parent/legal guardian must complete the following information.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone #: _____