



KEYSTONE BLIND ASSOCIATION



MAIN OFFICE: 1230 Stambaugh Avenue • Sharon, PA 16146 • Phone: (724) 347-5501 • FAX: (724) 347-2204

KEY DIVISION: 981 Division Street • Sharon, PA 16146 • Phone: (724) 347-3711 • FAX: (724) 347-3114

MEADVILLE AREA: 312 Chestnut Street • Meadville, PA 16335 • Phone: (814) 333-3121 • FAX: (814) 333-3124

E-mail: kba@keystoneblind.org • **On the Internet:** <http://www.keystoneblind.org>

PARENT'S PERMISSION, RELEASE AND INDEMNITY FOR KEYSTONE KIDS SPONSORED TRIPS (2011)

I understand that the Keystone Blind Association, Keystone Kids staff and volunteers will provide transportation for all students for trips relating to Keystone Kids activities.

I hereby certify that my son/daughter _____
(Name of Student)

has my permission to participate in any one or more of such trips. To the best of my knowledge h/she is physically fit to engage in such activities and is not suffering from any disease or injury, which would disqualify him/her from making such trips.

I also give my permission for my son/daughter to be transported for Keystone Kids sponsored activities by bus, agency or private vehicle driven by a licensed operator. I understand that the vehicle must be covered by liability insurance, and must be under the general supervision of the Keystone Kids staff.

I agree and do hereby waive and release all claims against the Keystone Blind Association, Keystone Kids staff and volunteers, employees or other persons engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter as a result of their participation in and transportation to and from these activities. If in the judgment of any representative of the Keystone Kids staff the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any doctor, trainer, nurse, or agency representative, and I do hereby agree to indemnify and save harmless the Keystone Blind Association, Keystone Kids staff and volunteers and any school representative from any claim by any person whom-so-ever on account of such care and treatment of said student.

It is understood by my son/daughter and myself that all policies, regulations and standards of their individual school district will be in effect and must be adhered to on any trip.

If sign-language interpreting services are provided for my child, I understand the interpreter may not have taken and passed the Educational Interpreter Performance Assessment (EIPA).

It is understood that no child will be allowed to make any of the trips until this form is signed by his/her parent or guardian. It is also understood that this form is valid from 1-1-2011 to 12-31-2011.

I also give permission for video and or photographs to be taken of my child. I understand that these pictures are used in connection with Keystone Kids programming, training for professionals or publicity purposes.

Signature of Parent or Guardian

Date

Address

City, State, Zip Code

Home Telephone Number

Work and/or Cell Phone Number

Name of Emergency Contact

Phone Number of Emergency Contact

JONATHAN FISTER, President/CEO

*"2006 Large Employer of the Year"
Disabled American Veterans' Department of Pennsylvania*

*Three Time Winner of the
"Nettie Mann Achievement Award"
Pennsylvania Industries for the Blind & Handicapped*

HUMAN SERVICES: Specialized Services • Rehabilitation • Prevention of Blindness • Orientation and Mobility

Keystone Kids Children's Services • Low Vision Clinic • EYEdeas Low Vision Store

KEY ENTERPRISES FOR THE BLIND: KEY Document Solutions • KEY Cleaning Solutions • KEY Janitorial Services

KEY-Shirts Apparel & Accessories • KEY Catering and Food Services • KEY ID



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