

WHEN: SATURDAY, AUGUST 20, 2022

WHERE: LAWRENCE FARM ORCHARDS| 306 FROZEN RIDGE ROAD,

NEWBURGH, NY 12550

PICK UP & DROP-OFF: LONG ISLAND EXPRESSWAY EXIT 63 | PARK & RIDE

(NEXT TO APPLEBEES)

PICK UP: SATURDAY, AUGUST 20 @ 8:00 AM (PLEASE EAT BREAKFAST BEFORE PICK UP)

DROP OFF: SATURDAY, AUGUST 20 @ 5:00 PM

### WHAT TO BRING:

CLOSED TOE SHOES
PERSONAL FOOD (IF NEEDED)
SUNSCREEN
BUG SPRAY
BOTTLE OF WATER
SNACKS WILL BE PROVIDED

**COST**: \$50/PER PERSON

QUESTIONS? CALL OR TEXT JEANETTE PERMENTER AT (631) 461-0584 OR EMAIL AT VJPERMENTER@DSAI.US

# DOING SOMETHING ABOUT IT INC. PARENTAL AUTHORIZATION, CONSENT, AND RELEASE

## Please fill out and EMAIL FORM TO VJPERMENTER@DSAI.US

Trip date: Saturday, August 20, 2022	
Location: LAWRENCE FARM ORCHARDS   306 FROZEN I NY 12550	RIDGE ROAD, NEWBURGH,
Child's name: Child's age: Emergency Contact (1) name:	
Emergency Contact (1) number:	
Emergency Contact (2) name:	
Emergency Contact (2) number:	
List known allergies:	
List medications presently taken:	
I,, am the parent or legal guar	rdian of
I warrant that I possess a	all the rights, powers, and privileges
of a parent or legal guardian necessary to execute this document with	n binding legal effect.
As the parent or legal guardian of	, I certify and affirm that I have
been completely and thoroughly informed that as a child attending the	e DSAI 2022 Summerfest Lawrence
Farm Orchards trip, my child will participate in certain activities which	carry with them a low degree of risk
and danger. I acknowledge and understand that Doing Something Ab	out It Inc., DSAI, may offer other
activities not listed above that present similar risks or dangers to my o	child. I consent to my child's
participation in these activities. I acknowledge and understand that th	is PARENTAL AUTHORIZATION,
CONSENT, AND RELEASE has the same force and effect regardless	s of whether the activities engaged
in are free or if a fee is charged. Further, I personally assume, on my	child's behalf, all risk in connection
with said activities for any harm, injury, or damages that may befall m	y child as a result of my child's

participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Doing Something About It Inc. from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of facilities.

I understand that it is my obligation to inform Doing Something About It Inc. of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of Doing Something About It Inc. Should the need for medical attention arise, Doing Something About It Inc. will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care service in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Doing Something About It Inc. on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect.

I have fully informed myself to the contents of this PAREN	TAL	
AUTHORIZATION, CONSENT, AND RELEASE by reading it before I signed it		
To be signed by child's parent or legal guardian:		
(Signature)		
(Printed Name)	(Date)	

## DOING SOMETHING ABOUT IT POLICY AND RULES

- 1. You will be assigned a buddy and must know where your buddy is at all times.
- 2. Respect other people's property. If it's not yours, don't touch it.
- 3. Keep track of your own property, and know where it is at all times.
- 4. Children must wear closed toed shoes at all times. Sandals/flip flops are NOT allowed.
- 5. Clothing NO bare midriffs, spaghetti straps, bikinis, short shorts (shorter than arm's length) or Shirts with offensive language or pictures are NOT allowed.
- 6. You have broken the rules if you are involved in fighting, pretend fighting, teasing, put downs, gossiping, bullying or hurting another person, even if you didn't start it.
- 7. Show respect to the facility by not littering. Always throw trash is proper containers.
- 8. Please tell a counselor or chaperone if you see something. See something Say something.
- 10. Stay within the grounds of the facility. Do not wander off.
- 11. NO matches, lighters, fire starters, pocket knives or weapons of any kind.
- 13. NO cigarettes, drugs, alcohol, marijuana or other illicit/illegal substances
- 14. Respect each other and all DSAI counselors and chaperones.

\*Anyone who jeopardizes the safety of any other child or adult; are caught with drugs, alcohol, or illicit/illegal substances will be immediately expelled from all 2022 Summerfest activities with no warning or chances.

#### PARENTS WILL BE CALLED TO COME PICK UP THEIR CHILD IMMEDIATLTY.

I understand the Doing Something About It Inc. policy. If my child should be expelled from the 2022 Summerfest Lawrence Farm Orchards trip I agree to immediately pick them up with no refund.

Parent/Guardian Signature I understand all of the above rules and agree to follow them.	Date
Child Signature	 Date
Child Name	