

**Craig A. Knippenberg, LCSW, M.Div., P.C.**  
**Knippenberg, Patterson & Associates**

**PERMISSION TO PARTICIPATE IN ACTIVITIES AND FIELD TRIPS**

This permission form has been signed only after understanding and considering the following:

- **Activities and Trips Planned:** I understand that my child may participate in activities for the purpose of learning cooperation and team building, self-esteem building, and rewarding my child for positive behavior. Parents will be given prior notification for trips other than brief trips in the surrounding area (e.g. a trip to Dairy Queen to reinforce a positive group session). These activities and trips may include but are not limited to camping, fishing, horseback riding, hiking, archery and target practice, rock climbing, water activities (including swimming and jet skiing), obstacle courses, and roller skating.
- **Supervision:** I understand that these activities and trips will be supervised by Craig Knippenberg and/or other therapists or co-therapists approved by Craig Knippenberg.
- **Transportation:** I understand that my child will be transported to and from these activities by privately owned automobiles driven by Mr. Knippenberg and/or other therapists, a co-therapist, or parent of a child. The high school and young adult groups may utilize teen drivers with prior approval from parents.
- **Parent Responsibilities:** I understand that if I have a **child who is between the ages of 4 through 6 and less than 55 inches tall**, he/she is required by Colorado State Law to be in a booster seat and that I will supply that seat to Knippenberg, Patterson, & Associates.

I also understand that if **my child is age 12 and under, he/she should ride in the back seat as required by Colorado State Law** for back seat/non-air bag seating and my child will not be placed in the front seat without my **permission**.

- **Expectations and Instructions:** I understand that my child is expected, and has been instructed by me to do exactly what she/he is instructed to do by the supervisors.
- **Insurance:** I represent that my child has insurance through my own insurance carrier.

I request that my child be allowed to participate in the activities and trips planned and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the activities or trip, I consent to the supervisor(s) taking, arranging for, or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse Craig A. Knippenberg, LCSW, M.Div., P.C., its employees or agents, as well as supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with my child's participation in the activities or the rendering of emergency medical procedures or treatment, if any.

Signed: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_ Address: \_\_\_\_\_

\*\*\*Please list any known allergies for child above: \_\_\_\_\_