Camp Fire Use Only:

Received by _____

Received: on Van ____

In office ____ at Camp ____

Date Received _____

CAMP FIRE NORTH TEXAS
AFTER-SCHOOL PROGRAM
FIELD TRIP FORM

Camp Fire
North Texas

Dear Parent/Guardian,

The field trips organized for Camp Fire participants in our program aim to provide children with opportunities to explore and learn beyond the classroom. These excursions promote personal growth, enhance community engagement, and create a safe and enriching environment for all participants.
As always, please do not hesitate to reach out to the Youth Program Director or the Executive Director by calling 940-322-5209 or stopping by our office located at 2414 9th Street, Wichita Falls, TX 76301.
Please review the details below and complete the entire permission form, front and back, to ensure that your child does or does not participate in the field trip activity.

Fieldtrip/Activity and Date:

Tour of the Wichita Falls Public Library; Wednesday February 25, 2026

Location of Activity: Wichita Falls Public Library, 600 11th St, Wichita Falls, TX 76301

Departure from Camp Fire Park: 4:30 PM **Approximate Return Time:** 5:00 PM

Return Location: Camp Fire Harell Park

Transportation: Camp Fire Vans

Child's Name: _____

My child, a member of Camp Fire North Texas, *(please select one of the following)*

____ **WILL PARTICIPATE** ____ **WILL *NOT* PARTICIPATE**

in the above listed fieldtrip, program, or activity (hereinafter referred to as "activity").

I acknowledge that this is a voluntary activity, and that my child is not required to participate in this activity. I understand that Camp Fire North Texas will not assume any responsibility in case of an accident, injury, or other loss associated with my child's participation in the abovementioned activity. By signing this document, I grant or deny permission for my child to participate in the activity based on my selection above and below.

I understand that if I do not select either permission or denial of authorization, or fail to return this form, it will be presumed that my child will NOT participate in the activity.

☐ My child ***WILL*** participate in the activity.

Liability Release Statement

INITIAL _____ I hereby allow my child to participate in the activity, including transportation, provided by Camp Fire North Texas, and agree to assume any and all liability and to release, acquit, forever discharge, and hold harmless, Camp Fire North Texas, its Board of Directors, its agents, servants, volunteers, and employees, ("released parties") in their individual and official capacities, from all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of their participation in this trip. I expressly waive all claims for medical expenses, loss of service, or other claims which I may otherwise be entitled. I agree to indemnify and hold harmless Camp Fire North Texas and released parties from all claims made against them on behalf of my child. I agree to indemnify and hold harmless Camp Fire North Texas and the released parties from all claims made by third parties against it or them which result from my child's actions on the trip. I understand that neither Camp Fire North Texas nor the released parties are waiving their immunity from liability they now have under Texas law.

☐ My child will ***NOT*** participate in the activity.

INITIAL _____ I have chosen not to allow my child to participate in this activity. I understand that my child will instead participate in an alternate activity at the Camp Fire grounds. I acknowledge that the alternate activity may or may not relate to the concepts covered during the off-site activity. I understand that my denial of my child's involvement in the off-site activity will not reflect poorly on my child.

I have read and understand the acknowledgment, release, and indemnification agreement and have elected to approve or deny my permission as designated above. By signing below, I voluntarily agree to terms set out in this document.

_____	_____	_____
Parent/Guardian Print Name	Parent/Guardian Signature	Date

Please fill in the section below if you have granted your child permission to participate in our Camp Fire field trip.

Medical or Special information about my child (such as medical or physical limitations):

_____

_____

_____

Emergency Contact Names:	Phone Numbers:
1. _____	_____
2. _____	_____
Alternate: _____	_____

Please return this form to the Camp Fire office or to the child's van driver by: **February 23, 2026**