



**Dear Parents/Guardians:**

Your child will attend a class field trip at U.S. Bank Stadium. The stadium is providing learning platforms that connect, inspire and engage students grade Pre-K – 12<sup>th</sup> Grade. Relevant content, interactive explorations, application of skills learned and student reflection will occur on their visit.

**Photographs & Media**

Your child will be participating in various exciting learning activities at U.S. Bank Stadium. At times our staff will take notes, photographs or video that could be used for educational, funding or promotional reasons in print, in film, in electronic communications and/or on the U.S. Bank Stadium website and social media. Should your child be visiting on a day when this is happening, we'd like your permission to include them. If we use testimony, video, audio, or picture of your child, U.S. Bank Stadium **WILL NOT** identify your child by name in such use.

Additional information may be found on our stadium website [usbankstadium.com/tours](http://usbankstadium.com/tours). Should you have specific questions regarding this consent form, you may contact the U.S. Bank Stadium tours at 612 777-8776. Thank you for your consideration of this request.

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**Consent, Waiver and Release**

I approve of my child's attendance on the field trip to U.S. Bank Stadium and certify that he/she is in good health and able to participate fully in any and all of the program activities. I fully understand that my child's participation involves private bus transportation to the stadium and involves some physical activity. I voluntarily assume full responsibility on behalf of my child for all bodily injury or property damage that may arise from the field trip. I knowingly release and will not bring any legal action of any nature against, and indemnify and hold harmless and discharge the partners, officers, related entities, volunteers, employees, representatives, agents and assigns of the Minnesota Sports Facilities Authority (MSFA), Minnesota Vikings, SMG and its affiliates, partners, sponsors, parents, affiliates, divisions, employees, agents or assigns (collectively, "Benefited Parties") from and all loss, claim, expense (including attorney's fees) or liability that may arise in any way out of my child's attendance at the U.S. Bank Stadium field trip, whether the injury, loss or damage is caused in any way in whole or in part by negligence or other acts or omissions of the Benefited Parties.

I know of no medical reason why my child should not participate in the field trip. I authorize \_\_\_\_\_ to attend to any health problems or injury my child may sustain while participating in the field trip. I acknowledge that I am responsible for any and all medical expenses, damages or other costs related to treating any injury or illness to my child.





- YES**, my child may be photographed, I authorize the Benefited Parties to take photographs, video or other material that include my child’s image and/or voice (collectively, “Photos”) and to use, at their sole discretion in any or all forums or countries, the Photos and my child’s name and likeness without compensation to me in any promotional campaigns or materials or publicity for U.S. Bank Stadium or any of the Benefited Parties and their successors and assigns. I further authorize the Benefited Parties to record and to use my child’s statements, testimony, audio, or other written product (collectively “Testimony”), at their sole discretion in any or all forums or countries without compensation to me, in any promotional campaigns or materials or publicity for U.S. Bank Stadium or any of the Benefited Parties and their successors and assigns. U.S. Bank Stadium will own all rights to use, modify, reproduce, publish, perform, display, distribute, make derivative works of and otherwise commercially and noncommercially exploit the Photos and Testimony in perpetuity and throughout the universe, in any manner or medium now existing or hereafter developed, without separate compensation.

I hereby release and waive any and all interest in and with respect to the Photos and Testimony and agree to release the Benefited Parties from any and all claims, actions, causes of action and demands arising out of or in any way related to the Photos and Benefited Parties’ use thereof.

- NO**, do not take photos or video of my child or collect a testimony from my child.

I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND THEREBY.

School Name – (Please print): \_\_\_\_\_

Teacher’s Name - (Please print): \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of field trip visit: \_\_\_\_\_

This consent form is for a:     Student                       Chaperone

Student’s Name – (Please print): \_\_\_\_\_

Chaperone’s Name – (Please print): \_\_\_\_\_

Parent or Legal Guardian’s Name – (Please print): \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Chaperone

