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June 3, 2025

Dear Student,

Enclosed in this packet you will find the following documents:

- Metropolitan Water Reclamation District (MWRD) Form – Completed online at <https://mwrdd.org/form/facility-waiver-form>
- Program Waiver
- Field Trip and Medical Authorization Form
- Photo Release Form
- Big Marsh Form

To process your application, return these documents by the close of business on Monday, June 9, 2025. Please send the required documents as a single PDF file. The name of your file and the subject line should read your first and last name, EJ Freedom School. Email the file to Michael Moriarty at michaelmoriarty@ctuf.org or fax to 312-329-6205.

If you have any questions, please email or call at 312-329-6275.

Sincerely,

Michael P. Moriarty, NBCT
Career Pathways Coordinator
E: michaelmoriarty@ctuf.org | P: 312-329-6275



**CHICAGO
TEACHERS
UNION**



PROGRAM WAIVER/EMERGENCY INFORMATION

I acknowledge and assume all risks associated with Freedom School Environmental Justice project including, without limitation, falls, animal bites, food poisoning, effects of weather, including heat and humidity, traffic, road and ground conditions. **I have read and fully understand this waiver and in consideration of the acceptance of my assignment, for myself and anyone legally acting on my behalf, I waive and release the Chicago Teachers Union (CTU) and the Chicago Teachers Union Foundation, Inc. (CTUF), its employees, directors, officers, volunteers, agents, successors and assigns, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event.**

Emergency Contact Name/Telephone Number: _____

Print Name: _____

Signature: _____ Date: _____

**FIELD TRIP/BUS PERMISSION SLIP
AND
FIELD TRIP MEDICAL AUTHORIZATION FORM**

The undersigned, as a natural parent(s) or statutory guardian(s), I give my permission for _____ to participate in the scheduled educational field trip to _____ on (date) _____ and travel by school bus transportation, or other school transportation, which will be furnished by the Chicago Teachers Union unless otherwise stated. I understand that while my child/ward travels from the site, while my child/ward is on the field trip, and while my child/ward is being returned to the site following the field trip, my child/ward is under the authority of the administrators while traveling.

Child/Ward (please print): _____
Parent or Guardian (please print): _____
Signature: _____ Date: ____ / ____ / ____
Daytime Phone Number: _____ Evening Phone Number: _____

MEDICAL RELEASE FORM

In the event of an emergency during a field trip, I give my permission for _____ to be treated at a hospital/clinic/doctor's office.

The physician is: _____
Insurance Company: _____ Policy Number: _____
Guardian Signature: _____ Date: ____ / ____ / ____
Emergency Phone #1: _____ Person to Contact: _____
Emergency Phone #2: _____ Person to Contact: _____
Medical information of importance: _____

Allergies: _____
Medication taken daily : _____

**Dietary Restrictions: _____



Photo Release Form

The Environmental Justice Freedom School Project will take photographs of participants engaging in the various activities. Some photographs may capture your child/ward's participation, directly or indirectly.

These photos may be published through our website, social media pages and news bulletins.

We seek your consent in allowing the Chicago Teachers Union and the Chicago Teachers Union Foundation to publish photos which may include your child/ward in the aforementioned mediums.

Photo Release Consent

_____ I hereby allow my child/ward to be photographed and their likeness to be reproduced for publication.

_____ I DO NOT allow my child/ward to be photographed, nor can their likeness be used for any purpose.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Big Marsh Park Camping Waiver

I, and my parent or legal guardian if I am a minor, in consideration of being allowed to participate in an overnight camping trip at Big Marsh Park:

1. Agree that I will inspect the facilities and equipment to be used (whether provided to the camper or use of their own personal equipment), and if I believe anything to be unsafe, I will immediately advise a staff member of such condition(s) and refuse to participate. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic losses might result not only from my own actions, inaction, or negligence, but the actions, inaction, or negligence of others including the officers, directors, employees, advertisers, sponsors, or agents of the Chicago Park District, or of any equipment used. Further, there may be other risks not known to me or not reasonably foreseeable at this time. Specific risks include but are not limited to: biting insects including ticks, mosquitoes, and poisonous plants, ambient sounds that can lead to loss of sleep and/or anxiety, camping supplies, the use of fire, allergic reactions, falling tree limbs, injury or harm caused by natural and/or man-made debris such as thorns, glass, slag, etc inattention of other campers or actions by other campers. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the campground and its facilities, and I agree that said list in no way limits the extent of this release.

I voluntarily assume all such risks with the full knowledge and appreciation of the danger and risk involved.

2. I hereby assume all the risk described above, even if the Chicago Park District, through negligence or otherwise, might be deemed liable. I hereby release, waive, discharge, and covenant not to sue or assert any claims against the Chicago Park District from any and all liability arising out of my participation in any time. This release shall be effective even though said loss, damage, or injury results or has resulted from the negligence, wrongful acts, omissions, breach of warranty or strict tort liability of the Chicago Park District.

3. I am in good health and have no physical limitations which would affect my safe use of the facilities.

4. I represent that I or my minor child are in sufficiently good physical condition to participate in Chicago Park District programs without jeopardizing our health. I understand that I have given up substantial rights by signing this waiver and release, and sign it voluntarily. This waiver and release also binds my heirs and assignees.

5. I agree to abide to the rules posted.

Participant Name _____

Signature _____

Date _____