

Permission to Participate and Liability Release For Field Trip or Out of State/Foreign Travel

It is the school's responsibility to collect signed liability releases from each child attending a field trip. If the field trip is an overnight, the school will need to have releases signed by the adult participant.

Event/FieldTrip _____

Dates _____ Location _____

Participant Name: _____

Please check one: ☐ As parent/guardian of the above named child ☐ As a participating adult

Special Accommodations Needed: _____

I give my permission for the above named participant to participate in the _____ field trip at _____ on _____. I acknowledge and am aware that this field trip may involve certain risks which I am prepared to accept. These risks may include, but are not limited to the following (to be completed by staff): _____

- I understand and agree to abide by the school rules and the laws of the community, state, and country.
- Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment by emergency medical personnel.
- I understand that the School Board does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier. If we do not have family coverage, I will assume responsibility for any medical bills associated with this field trip.
- I understand that the necessary arrangements, plans and precautions will be taken for the care and supervision of the student during the trip. I also understand that I will be responsible for paying all expenses related to sending the student home for trips for disciplinary reasons or illness.
- I hereby release and waive and further agree to indemnify, hold harmless or reimburse the School Board, the individual members, agents, employees, volunteers and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, 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 the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian or Participating Adult

(For out of state travel, the District requires signature of all parties having legal custody).

Signature _____ Signature _____

Name _____ Name _____

Date _____ Date _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____