

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent/guardian of a student requesting to voluntarily participate in an optional _____ field trip, I hereby acknowledge that I have read, understood and agreed to the information provided in this document:

I hereby give my permission for _____ (student's name), who attends _____ (program) to participate in a field trip on _____ (date) for the purpose of _____ (activity).

Transportation for this activity will be provided by:

- NWESD 189 vehicle by NWESD 189 staff
- NWESD 189 not providing transportation. Parents/guardians make own transportation arrangements
- Other (e.g. - walk, metro bus) Description: _____

In the event that unforeseen circumstances arise creating a need for me to contact my student, I understand an information network has been established and my NWESD 189 contact is:

(Name) (Phone)

Please provide the following information:

Student's address: _____ City _____

Student's date of birth: _____ Student's home phone #: _____

Family physician _____ Phone #: _____

Medical conditions, medication information or allergies NWESD 189 should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone #: _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity and I assume full responsibility for my student.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the NWESD 189 staff-in-charge to obtain emergency care for my student, neither he/she nor the NWESD 189 assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I have read the attached itinerary (detailing dates, events, etc.) and understand that the NWESD 189 will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities and I agree to hold harmless the NWESD 189, and its appointed and elected officials and employees while acting within the scope of their duties and such, from and against all claims, demands, loss, or liability of any kind and character, including costs of defense, arising out of or in any way connected with the field trip/activity specified in this agreement.

Signature of parent/guardian Date Work phone Home phone