

FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Paid Online	
Receipt Attached	

Field Trip Destination LW Tech Purpose Great Careers

I hereby give permission for _____ who attends Skyline HS
(Print Student's Name) (School Name)

to participate in a field trip on (date) Feb. 16, 2023 . Time involved: 11:35am To 2:45pm

Type of Transportation:

- ☒ District Vehicle by district staff
☐ District is not providing transportation. Parents arrange transportation for their student.
☐ Private Vehicle by District staff
☐ Private Vehicle by Volunteer/Parent (volunteer driver checklist on file)
☐ Other (e.g. - walk, metro bus, air, train) Description: _____

Student Address _____ City: _____ Cell _____

Parent Phone: Home _____ Cell _____ Student Birthdate _____

Family Physician _____ Phone _____

_____ Medical conditions, medication information or allergies the district should be made aware of:

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

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

Name _____ Phone # _____

I understand that all school and District regulations are in effect on this trip.

I understand that this is a school sponsored activity and is governed by the regulations and procedures of the Issaquah School District.

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. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/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 school district staff-in-charge to obtain emergency care for my student, neither s/he nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes _____ No _____

[To be completed by ISD staff] Required attachments checked below:

Extended Trip Itinerary **NO** Challenge/Ropes Course Release **NO** Water Activity Release **NO**

Being fully informed as to these risks, I hereby consent to my child participating in this Field

Signature of parent/guardian

Date

Work/Daytime Phone



COVID Disclosure and Release Activity Participation Form Addendum

COVID DISCLOSURE AND RELEASE ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: _____

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Activity/Sport//Event/Field Trip: _____

COVID-19 NOTICE FROM ISSAQUAH SCHOOL DISTRICT ("DISTRICT")

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in this Activity/Sport/Event/Field Trip ("Activity"), you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to myself arising out of my child's participation in this activity.

Waiver of Liability/Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.



COVID Disclosure and Release Activity Participation Form Addendum

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/Legal Guardian/Student at least 18 years old

Date

Signature of Parent/Legal Guardian

Date