

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:

Field Trip Destination On Site - Newcastle Purpose Field day with inflatables

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

to participate in a field trip on (date) 6/21/19 Time involved: _____ To _____

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 _____ Challenge/Ropes Course Release _____ Water Activity Release _____

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 _____

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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COAL CREEK YMCA STREET TEAM EVENTS



PARTICIPANT'S NAME _____ Age _____

Name of Parent or Guardian _____

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. **Acknowledgment of Risks:** I am aware that my child(ren) will have the opportunity to participate in a variety of activities involving a degree of risk and I assume the risks inherent to each of these activities. Risks including but not limited to, head injuries, spinal injuries, broken bones, muscle tears and sprains, bruises, abrasions, cuts, joint problems and other orthopedic injuries, mental anguish, heart attacks, strokes, other cardiovascular problems, paralysis, and death.
2. **Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability to me for any loss or damage done to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.**
3. **Agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releasees and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releasees or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury, or death.**

This release shall be valid starting from the date executed for as long as the participant either (1) participates in any activities associated with or (2) is on or near the premises of the YMCA. If participant is a minor, Parent or Guardian executes this agreement on behalf of himself/herself as well as the minor child or legal ward.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.



x _____ Age _____ Date Signed _____
Client/Volunteer/Parent or Guardian if Minor (Under age 18)

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