

SEACOAST SCHOOL OF TECHNOLOGY

NAME _____ SENDING SCHOOL _____

ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT

I/We, _____ the parent(s) or guardian(s) of _____ give my/our permission for my/our child to participate in an activity/field trip. I/We understand participation in this activity/field trip is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

<u>Activity/Field Trip Details</u>	
1.	Description of the activity/field trip: Date(s): _____ Destination: _____ Time: Leave _____ Return _____ Means of Transportation: _____ Cost: _____
2.	Other relevant activity/field trip information:

By signing this permission form, I/we acknowledge the following:

1. I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity may have inherent risks of injury for those who participate, including, but not limited to, transportation from and to the school campus.
2. I/We understand the School District cannot unconditionally guarantee the safety for children and that the obligation of the School District is to take reasonable precautions for safety and well being. My/Our child also has a responsibility for his/her own safety and the safety of others.
3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.
4. I/We represent that my/our child is physically fit to participate in this activity, and if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The School District will rely on this representation.
5. My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from participation in this activity.
6. I/We hereby consent to medical treatment to my/our child which may be deemed advisable in the event of injury, accident and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
7. I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
8. I/We will bear any cost for additional transportation, if my/our child leaves or is asked to leave the activity before completion.
9. I/We acknowledge and understand the risk and requirements for our child to participate in this field trip.

RELEASE

In consideration of permission for my/our child to participate in the field trip, I/we knowingly, and voluntarily release and waive and further agree to indemnify and hold harmless the Seacoast School of Technology, SAU #16, the Exeter Region Cooperative School District, and their officers, agents, employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have or claim to have (known or unknown), seen or unseen, directly or indirectly, for or on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from or arising out of my/our child's participation in the field trip, or in any way connected with or arising out of instruction, training, emergency care or other operations incidental to participation in the field trip.

This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Dated: _____
Parent(s)/Guardian(s)

Medical and/or Special Instructions: _____

STUDENT FIELD TRIP RESPONSIBILITY
SST CONDUCT CODE

1. A student's behavior at all times should be such that it reflects credit on the student, the Seacoast School of Technology, and the student's sending school.
2. **A student may not smoke, use intoxicants or drugs at any time on any SST sponsored field trip.**
3. A student must respect the property of others.
4. A student is expected to participate in all activities and obey instructions of chaperones/activity officials.
5. The trip is considered an extension of the school day and all school rules apply for the duration of the trip. Students who disregard the rules will be sent home at the student's expense and subject to disciplinary action. Parents will be notified. Prepaid costs associated with the trip may be forfeited.

I have read the above Code of Conduct for the Seacoast School of Technology field trips and agree to abide by these rules.

Print Name of Student	Student Signature	Date
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
Signature of Regional Principal	Date	

If a student misses any sending school classes/activities, he/she is expected to:

- (1) Inform all teachers and get assignments of all classes missed. Assignments due the day of field trip must be passed in before the trip. Assignments due the day after the field trip must be passed in on time.
- (2) Arrange to take quizzes/tests missed while on the trip. Be prepared to take quizzes/tests scheduled the day after the trip.

Return this completed form to SST teacher at least 7 days prior to trip/activity. Phone calls from parents cannot be substituted for these completed forms.