

2017-2018 ANNUAL LOCAL WALKING FIELD TRIP PERMISSION AND WAIVER FORM

A Local Walking Field Trip Permission and Waiver Form must be completed each year.

Student Last Name _____	First Name _____	M.I. _____
Teacher Name _____		Grade _____
Parent/guardian #1 _____		
Work Phone _____	Cell Phone _____	Home Phone _____
Parent/guardian #2 _____		
Work Phone _____	Cell Phone _____	Home Phone _____
Physician and Insurance Information:		
Name _____		Phone _____
Medical Insurance Type and Number _____		Phone _____
<p>Student's Medical Needs: Please be sure to list ALL of the Participant's allergies, medical conditions, physical limitations, and medications. Use the back of this page if you need more space. WSCS shall not be responsible for knowing information regarding the student's medical needs beyond what is reported on the permission slip.</p> <p>_____</p> <p>_____</p>		

- **I acknowledge that I have custody of and am legally responsible for Participant.**
- **I further acknowledge I have carefully read this document and understand the information therein.**
- **I agree to each of the terms and acknowledgements attached.**
- **I AGREE TO PERMIT MY CHILD TO PARTICIPATE IN LOCAL WALKING FIELD TRIPS FOR THE 2016-2017 ACADEMIC YEAR.**

Signature of Parent/Guardian (in individual capacity and on behalf of Participant)

Date

Parent/Guardian Name (Please print)

Date

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Please read this document carefully before signing the signature page (page 1). The document contains important information and advises of certain risks. The Participant and his or her family are asked to acknowledge and assume risks and waive claims they might have in the event of injury or other loss. This document must be signed by at least one parent or legal guardian.

Education Code Section 35330 authorizes the governing board of any school district or charter school to conduct excursions for students in connection with school-related social, cultural, educational, athletic, or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country for students enrolled in elementary or secondary schools. Each Participant is required to go and return from an event by means of the transportation provided, arranged or agreed to by Woodland Star Charter School ("WSCS") unless otherwise pre-arranged in writing.

Acknowledgements and Agreements of Participant and Parent

- 1. Participation is Voluntary.** I acknowledge that each excursion is voluntary and that attendance by participant is not required.
- 2. Waiver of Claims.** I understand that California Education Code Section 35330(d) provides that all persons participating in an excursion shall be deemed to have waived all claims against WSCS and the State of California as noted below for injury, illness, or death occurring during or by reason of an athletic event.
- 3. Release and Discharge.** I release and discharge (agree not to sue or make a claim against) the State of California and WSCS (and their Charter Council, officials, employees, and agents) from all claims of injury or loss which I, or the minor Participant for whom I sign, may suffer, arising in whole or in part from the Participant's participating in the activity, including, but not limited to, any injury, accident, illness, or death, or a loss or damage to personal property occurring during or by reasons of participation in athletic events. I fully recognize and understand that if I am injured, die or my property is damaged, I am giving up my rights (as well as the rights of my heirs, executors, administrators or assigns) to make a claim or file a lawsuit against WSCS even if it negligently or by some other act or omission caused the injury, death or damage.
- 4. Acknowledgement of Risks.** I acknowledge and understand that the activities involved in local walking trips may be dangerous and include risks which are inherent and cannot be reasonably avoided without changing the nature of the activity. I acknowledge that participation in the activities can cause personal injury, including emotional trauma and even death.
- 5. Assumption of Risks, Including Negligence.** I acknowledge and expressly assume all risks and dangers associated with all excursion activities, whether known or unknown, and inherent or otherwise. I take

full responsibility for any injury or loss, including death, which Participant may suffer, arising in whole or in part from the participation of the minor Participant for whom I sign.

6. **Participant Conduct.** It is understood that the Participant will follow direction from the teacher(s), coach(s), and chaperone(s) at all times. I acknowledge that the Participant is to abide by all the rules and regulations governing conduct during the excursion.
7. **Ability to Participate.** I certify that the Participant is fully capable of participating in these activities without causing harm to himself, herself or others.
8. **Dismissal of Participant.** I acknowledge that WSCS reserves the right to dismiss any Participant from an event that staff believes, at their discretion, presents a safety concern or medical risk, is disruptive, and/or otherwise conducts himself or herself in a manner detrimental to WSCS. Use of illegal drugs, tobacco products or alcohol, or disregarding instructions, rules or regulations are examples of conduct that WSCS considers detrimental to its program and that may lead to early dismissal. If the Participant is dismissed or departs for any reason, Participant (and his or her parent/guardian) are responsible for all costs of early departure, whether for medical reasons, dismissal, personal emergencies or otherwise. These costs include, but are not limited to medical evacuation as well as costs, travel and compensation for staff accompanying Participant.
9. **Indemnification for Injury Caused by Participant.** Parent of minor Participant may be held liable and responsible for any injury or death to another person or injury to property of another caused by the minor Participant, as required by law. I hereby agree to indemnify (meaning to defend, and to satisfy by payment or reimbursement, including costs and attorneys fees) and hold harmless WSCS and its Charter Council, officers, employees, and agents with respect to any claims of injury, death or other loss or damage to person or property suffered by any person arising in whole or in part from the conduct of the minor Participant while participating in excursions and athletic events.
10. **Insurance.** WSCS will not provide insurance coverage for Participants.
11. **Medical Treatments/Emergencies.** In the event that I, or another parent/guardian cannot be reached in an emergency, I give WSCS staff the authority to obtain immediate medical attention for Participant. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

California Law and Venue. I agree that this agreement shall be governed by and construed in accordance with California law, including, but not limited to, all of California Education Code Section 35330. In the event any legal action is commenced to enforce or interpret the provisions of this agreement, the venue for any such action shall be in the State of California. The courts or laws of any other state of the United States shall not have jurisdiction over this agreement and the enforcement of its provisions.