# Buckeye Union High School District #201
## Field Trip Permission Slip
## Waiver of Liability and Indemnification



School Site: Estrella Foothills High School

I grant permission for my child to participate in a field trip to . . . Summer League @ Independence High School

on the following date(s) . . . 6/3, 6/10, 6/17, 6/24, 7/8, 7/15, 7/22, 7/29

Approximate time scheduled to depart / return to school . . . 3pm / 10pm

Class or Group attending . . . Boys Volleyball

Educational purpose . . . *To get some competitive touches for the volleyball program, and to have some team bonding.*

Name of Teacher . . . Matteson

Method of Transportation . . . White Fleet Busses

Your student's specific medical needs, if any . . .

Name of medical provider

Phone number of medical provider

Emergency notification phone number for parent . . .

Alternate emergency notification contact . . .

Alternate emergency notification phone number . . .

**Authorization To Treat Minor:**

*In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact medical facility or physician selected by school staff to secure proper treatment for my child and that I will be responsible for said expense.*

**Prescription Or Over-The-Counter Medications:**

*I certify that I have on file in the school office, a current form stating all medications that my child must take.*

**I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMISISON SLIP.**

Student Name . . .

Parent/Guardian Signature . . .

Parent/Guardian Name (Please Print) . . .

**Signature Required on Page 2**

• I understand that my child has received staff and district approval to participate in a field trip. Under the Arizona Education Code and Board of Education policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips, which may include overnight, out-of-state, and/or out-of country travel, are always under the direct supervision of at least one teacher and all precautions are taken to ensure each student's welfare.

• I understand that this field trip is optional and a voluntary activity. Attendance by my child is not required and that an alternative activity at school will be provided if my child does not participate.

• I understand that all students going on this trip will be responsible in conduct to the bus driver, teacher, chaperones and, if applicable, adult sponsors, at all times. I understand that ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.

• I understand that all field trips will begin and end at the school of origin unless I have made prior arrangements to pick up my child or have my child dropped off at an alternative location. I understand that I must inform the school of these arrangements in writing on or before the day of the field trip.

• I understand that there are certain dangers, hazards, and risks inherent in the activities concluded in the Event and related transportation. I understand that such dangers, hazards, and risks may involve risk of injury and loss, both to person and to property. I further understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known or not reasonably foreseeable at this time. I further understand that Buckeye Union High School District does not assume responsibility for any such injuries or loss.

• The district does not provide students with field trip accident insurance. Parents who do not have medical insurance that covers their children are strongly advised to consider alternative student accident insurance that is available. Information is routinely sent to parents at the beginning of each school year. This insurance is from a private vendor and the district does not sell this insurance and makes no warranty as to the extent of coverage.

• In consideration of participation in the Event, I waive and release Buckeye Union High School District, its employees, agents, volunteers, successors, and assigns, if any, from claims for liability, injury, loss, or damage in any way connected with my child's participation in the Event, whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above.

• I agree to indemnify and hold harmless (in other words, reimburse and be responsible for) Buckeye Union High School District and its employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with or arising out of my child's participation in the Event, whether or not caused in whole or in part by the negligence or other misconduct of any of the organizations or individuals mentioned above.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION VOLUNTARILY ON BEHALF OF MYSELF AND ON BEHALF OF MY CHILD. I INTEND THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT POSSIBLE UNDER APPLICABLE LAW.

I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Indemnification.

Parent/Guardian Signature . . . _____

Parent/Guardian Name (PLEASE PRINT) . . . _____