

MERCER ISLAND SCHOOL DISTRICT #400

Permission to Participate/Assumption of Risk – Extended Overnight Field Trip

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: FORT WORDEN CONFERENCE CENTER, Purpose: MI GIRLS LACROSSE TEAM BONDING (GRADES 9-12)
I hereby give my permission PORT TOWNSEND, WA for: _____ who attends: MERCER ISLAND HIGH SCHOOL
(Student's Name) (School Name)

To participate in a field trip on (date): FEB. 26-28 Time involved: From: FRIDAY 3PM To: SUNDAY 12PM

Type of Transportation:

- School Bus
- District Van driven by district staff
- Other (Metro Bus, Commercial):
- Description: _____

Student's Address: _____ City: _____
Parent's Phone: Home _____ Cell _____ Student Birthdate: _____
Family Physician: _____ Phone #: _____

Medical conditions, medication information or allergies the district should be made aware of (write below):

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 policies are in effect on this trip. I understand that this is a school sponsored activity and is governed by the Policies and Procedures of the Mercer Island School District.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this 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, I understand that I am responsible for any costs associated with an accident or injury. My child has medical/ accident insurance: Yes No

HOLD HARMLESS

I acknowledge that this activity may entail 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 Mercer Island 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.

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

Signature of Parent/Guardian

Date

Work/Daytime Phone

Adopted: 09/01/11