

Instructor Name \_\_\_\_\_ Ticket Number \_\_\_\_\_



**Student Participation in District Sponsored Field Trip**  
**WAIVER, RELEASE AND INDEMNITY AGREEMENT**  
**MEDICAL TREATMENT AUTHORIZATION**

Student's Name: \_\_\_\_\_ hereby requests participation in the following field trip or activity.

Activity: \_\_\_\_\_ Date(s) \_\_\_\_\_

As a condition of my participation in this activity, I agree to waive all claims against District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described excursion/field trip. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

If I need medical treatment as a result of my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the District does not provide health insurance for me and that I should carry my own health insurance.

Health or special needs. Check as appropriate.

\_\_\_ I have no special health needs the staff should be aware of, and no medication is required on the trip.

\_\_\_ I have a special need, and instructions are attached. Number of attached pages:\_\_\_\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone No.

\_\_\_\_\_  
Parent/Guardian Signature (Required if Participant under age 18)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Family Medical Insurance Carrier: \_\_\_\_\_

(e.g., Blue Cross)

Policy # \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_

Name

Relationship

Tel No.