

SWEETWATER UNION HIGH SCHOOL DISTRICT
PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Name: _____, has my permission to attend _____

_____ which will take place at _____
(activity/Event)

Date of event: _____ Depart time: _____ Return time: _____

Class or group attending _____ Teacher/leader _____

Method of transportation _____ If traveling by automobile,
Name of driver/Drivers _____
License # _____ D.L. # _____

1. I understand that all students going on this trip will be responsible in for their conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are _____ are not _____ considered by the district to be of "high risk" to the participants.

Education Code §35330 provides as follows:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, **and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war,** except for any claims based upon the fraud, willful injury to a person, property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

Signature of Parent(s)/Guardian(s)/Caregiver(s)

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Cellular telephone# to contact
Parent or Guardian during event

Date

Health Insurance Company

Policy Number