WALKING FIELD/ACTIVITY TRIP – PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian: **School Year:** 2019 - 2020

During the course of the school year, your son/daughter will have the opportunity to participate in educational activities that will require them to walk as a group, under adult supervision, to sites in the proximity of their school. Prior to the activity, the school will make a reasonable effort to notify parents of the event. Your signature below gives permission for their participation in these walking excursions, during this school year. Other field trips involving transportation will be handled with permission forms for each activity.

Destination(s): AREA MIDDLE SHS/ EASTLAKE H.S. Teacher: _____

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a **walking** field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____ who attends _____.
(Print Student's Name) (School Name)

to participate in a field trip on 9/1/19 - 6/25/20 for the purpose of CARDIOVASCULAR FITNESS

Student's address: _____ City: _____

Parent's home phone # _____ Cell: _____ Birthdate _____

Family physician: _____ Phone: _____

Medical conditions, medication information or allergies the District should be made aware of:

_____

_____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted: Name: _____ Phone: _____

I acknowledge that this activity entails 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 Issaquah 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.

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, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of Parent/Guardian	**Date**	**Work Phone**