Policy Series: 2000: Instruction

ISSAQUAH SCHOOL DISTRICT

5 K RUN FIELD/ACTIVITY TRIP – PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian: **School Year** 2017-2018

As part of the PE assessment, your son/daughter will have the opportunity to participate in a PE assessment that will require them to run as a group, under adult supervision, to sites in the proximity of their school. Your signature below gives permission for their participation in the 5 K Run. Other field trips involving transportation will be handled with permission forms for each activity.

Destination(s) 5k run Jan 2018 and various off campus runs 9/5/2017-June 2018 Teacher_____

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a **5K Run off campus** field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____ who attends Skyline High School
(Print Student's Name) (School Name)
to participate in a field trip on off campus runs for the purpose of PE 5k training and run

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**