

**ISSAQUAH SCHOOL DISTRICT**  
**5 K RUN FIELD/ACTIVITY TRIP – PARENT/GUARDIAN PERMISSION FORM**

Dear Parent/Guardian: **School Year** \_\_\_\_\_  
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 5/28/14 and other off campus runs 1/24/15-6/17/2015 \_\_\_\_\_ 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 \_\_\_\_\_  
(Print Student's Name) (School Name)  
to participate in a field trip on 1/24/15-6/17/2015 for the purpose of 5k and training runs

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**