



ETIWANDA SCHOOL DISTRICT CHAPERONE'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Please note: Two signatures required

California Education Code section 35330(d): "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 all claims."

School Teacher/Grade

Field Trip Destination Field Trip Location/Address

Date of Field Trip

Student's Name Last First Middle

Address Number/Street City Zip Phone

Chaperone's Name _____ Phone _____

EMERGENCY Contacts 1. _____ Phone _____

(Alternate) 2. _____ Phone _____
Name/Relationship

Doctor's Name _____ Phone _____

Name of Medical Insurance Carrier _____ Phone _____

Policy Number _____ Effective date _____

FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I (Chaperone Name) _____ understand that this field trip is not a required activity and field trip attendance is encouraged, it is not required.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ETIWANDA SCHOOL DISTRICT, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death while participating in a field trip or excursion that is sponsored, planned or directed by the **Etiwanda School District;**
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation in a field trip or excursion that is sponsored, planned or directed by the **Etiwanda School District;**
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while participating in a field trip or excursion that is sponsored, planned or directed by the **Etiwanda School District;** and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Signature of Chaperone **Date**



**ETIWANDA SCHOOL DISTRICT
CHAPERONE'S VOLUNTARY FIELD TRIP PARTICIPATION,
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Please print chaperone's name

DOB

HEALTH INFORMATION

If you have any concerns regarding your physical ability to participate in this activity, it is advisable for you to have a physical examination.

Please check Yes or No. If Yes, please list and include dates(s).

Have you been exposed to a communicable disease within the past 21 days? Yes No

Optional: Do you have any drug or other allergies? (Insect bites, penicillin, plants or pollens, foods, etc.) Yes No

Optional: Medications taken (type of medication, reason, dosage, frequency, name of prescribing physician) Yes No

Do you require any accommodations of a disability to enable you to participate in this activity? Yes No
The District may provide reasonable accommodations that 1) do not alter the nature of the activity for the participants and 2) do not pose a risk of harm to any participant. The District may require medical verification of the need for accommodation of a non-obvious disability.

FIELD TRIP CONSENT TO EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY

The above health history is correct so far as I know, and I consent and grant or give my permission to engage in all described and related activities. Except as noted by me, I am physically fit to participate.

I (Chaperone Name) _____, do hereby request that I be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital licensed by the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the **Etiwanda School District**, its officers, or employees for medical aid rendered and will reimburse the **Etiwanda School District** for all medical or other expense incurred in the care of myself. This Authorization is given pursuant to California Family Code section 6910 and remains effective only for the event and date listed above.

In order that I may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the **Etiwanda School District** and its representatives harmless in the exercise of this authority.



Signature of Chaperone

Date