

PLEASE RETURN TO MRS. MILLER BY JUNE 9TH

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE – Field Trip Permission Form

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

I hereby give my permission for _____
who attends _____
to participate in a field trip/activity on _____
for the purpose of _____
Trip Itinerary: _____
Special Items needed for Trip _____
Cost of trip: _____

(**student's name**): _____
(school): KOPACHUCK MIDDLE SCHOOL
(date): Monday, June 13, 2016
(activity): Visiting GHHS
9:10-11:40AM
\$0

Transportation for this activity will be provided by:

- District bus/vehicle
- Private vehicle: Staff/volunteer/parents transporting students
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, metro bus)

Student's address: _____ City _____

Student's home phone # _____ Date of birth: _____

Family Physician _____ Phone #: _____

Medical conditions, medication information or allergies 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:

_____ Phone #: _____

***Parents please note that students with outstanding fines/fees will not be able to attend Kopachuck field trips or participate in Kopachuck activities until all fines and fees are paid. Fees paid for Kopachuck field trips are non-refundable.**

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 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** _____ **Home phone** _____

_____ **Cell phone** _____

PLEASE RETURN WITH PAYMENT TO MRS. LEARNED BY JUNE 9TH

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE – Field Trip Permission Form

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

I hereby give my permission for _____ (student's name):
who attends _____ (school): **KOPACHUCK MIDDLE SCHOOL**
to participate in a field trip/activity on _____ (date): **Friday, June 10, 2016**
for the purpose of _____ (activity): **8th Grade Event @ Miracle Ranch**
Trip Itinerary: **11:15am-5:00pm**
Special Items needed for Trip **Bring change of clothes, swimsuit, towel, sunscreen, etc. Food will be provided.**
Cost of trip: **\$35.00 (payable to KMS)**

Transportation for this activity will be provided by:

- District bus/vehicle
- Private vehicle: Staff/volunteer/parents transporting students
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, metro bus)

Student's address: _____ City _____

Student's home phone # _____ Date of birth: _____

Family Physician _____ Phone #: _____

Medical conditions, medication information or allergies 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:

_____ Phone #: _____

***Parents please note that students with outstanding fines/fees will not be able to attend Kopachuck field trips or participate in Kopachuck activities until all fines and fees are paid. Fees paid for Kopachuck field trips are non-refundable.**

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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 _____ Home phone _____

_____ Cell phone _____



Island Lake

Miracle  Ranch

Agreement for Waiver and Release, Assumption of Risks & Indemnification
NOTICE: Handwritten changes to this document are not permitted and will not be honored.

This document affects your legal rights. Please read carefully.

Group or Event Name _____

Participant Name _____ Parent / Legal Guardian Name _____

I, the above Participant being above the age of 18, or Parent or Legal Guardian of the above participant who is under 18, agree as follows:

I acknowledge and understand that certain camping activities, including but not limited to: skating, skateboarding, paintball, ropes courses, archery, marksmanship, water sports, horses, and dirt bikes, are hazardous and dangerous activities that require strenuous exercise and various degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I am aware of the risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, I hereby release and forever discharge Island Lake Camp, Miracle Ranch Camp, and CRISTA Ministries, and their servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as CRISTA), from any and all claims, actions, damages, liability, costs or expenses and attorney fees which are related to, arise out of, or are in anyway connected to my viewing or participation in activities. By this agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability resulted from CRISTA's gross negligence.

I agree to indemnify, hold harmless and defend CRISTA against any and all claims, for damages, costs, expenses, or attorney fees, brought by any spectator, participant or third party in connection with or arising out of my involvement or participation.

This agreement shall be effective and binding upon my heirs, agents, personal representatives and assigns.

I hereby certify that I am over 18 years of age or I am the parent(s) or legal guardian(s) of the minor member listed above. I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I am aware that by signing this agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Participant Signature _____ Date _____

Parent or Legal Guardian Signature _____

Emergency Consent and Photo Release: My child may receive emergency and/or routine medical care from a physician or emergency facility, in case I cannot be reached in an emergency. I hereby give my child permission to participate in all camp games and activities, which may include but may not be limited to: paintball, skateboards, ropes courses, archery, marksmanship, water sports, horses, and dirt bikes. CRISTA may use any photos taken of me or my family at any CRISTA event in its publications, and I release all rights to remuneration for such photos.

Participant Signature _____ Date _____

Parent or Legal Guardian Signature _____