



Field Trip / Activity Permission and Release of Liability Form Bend-La Pine Schools

Student Name:	
Parent / Guardian Name Completing this Form:	
I am interested in volunteering for this trip / activity: <input type="checkbox"/> yes <input type="checkbox"/> no	I have a completed volunteer background check:* <input type="checkbox"/> yes <input type="checkbox"/> no
Please check one of the following: <input type="checkbox"/> My child will receive a lunch from Nutrition Services -or- <input type="checkbox"/> My child will bring their own lunch	

SECTION 1: TRIP / ACTIVITY INFORMATION

Field Trip/Activity Description:

School:	
Field Trip / Activity Description:	
Trip / Activity Leaders:	
Trip / Activity Date(s):	
Departure Date / Time:	Return Date / Time:
Destination:	
Trip / Leader Phone Number:	Trip / Leader Email:
Transportation Provided by Bend-La Pine Schools: <input type="checkbox"/> yes <input type="checkbox"/> no Walking Field Trip	

If Bend-La Pine Schools is not providing transportation, parent/guardian authorization is required for a student to ride in a private vehicle (see Section 2)

Lodging Information if Overnight Trip:
Cost to be paid by Student / Family:

SECTION 2: TRANSPORTATION FOR FIELD TRIP / ACTIVITY

Your child may be required to travel off-campus to participate in this field trip / activity. The district may provide transportation for some events. If the district does not provide transportation, you will be responsible for arranging transportation for your child.

The district does not provide insurance for students. If a student is in an accident when transported by private vehicle, the liability insurance policy covering the private vehicle and/or driver is primary. If the district provides transportation, the district may utilize charter buses. All charters are certified providers authorized by the Oregon Department of Education. The driver of the chartered vehicle is not a district employee.

If Bend-La Pine Schools is NOT providing transportation, I authorize my student to ride in a private vehicle.

RISKS ASSOCIATED WITH FIELD TRIP / ACTIVITY

The student and parent / guardian must understand that there are inherent risks to the student's health, life, safety and property associated with any field trip / activity. Those risks include, but are not limited to:

- Risks associated with physical activity required of the student to participate in the field trip / activity, including falling, tripping, slipping, and injury or death therefrom.
- Risks associated with the student's failure to wear appropriate protective gear and improper use of equipment and injury or death therefrom.
- Risks associated with overnight lodging / accommodations, including the negligent, unlawful, sexual or other misconduct or mischief of your child, other students or adults during times when your student may not be directly supervised by school staff or district-approved volunteers.
- Risks associated with transportation of the student, whether provided by private vehicle, commercial carrier, or public transportation, including but not limited to traffic hazards, weather hazards, vehicle equipment failures, and the negligent, intentional or unlawful behavior of others, and injury or death therefrom.
- Risks associated with damage or theft of personal property, including private vehicle, clothing, gear, equipment and other items the student may bring to the field trip location(s).

Student Name: _____

OVERNIGHT TRIPS

The field trip / activity may include overnight trips. Overnight accommodations may include lodging at hotels, motels, inns, public facilities, camping, or private homes. Your child’s field trip / activity leader will provide you with the itinerary and trip details when overnight travel is required.

Adult chaperones will supervise students. Chaperones cannot be available to supervise your child 24 hours per day and there may not be enough chaperones available to ensure that your child will share a room with an adult. Your child may also be unaccompanied by an adult when traveling to and from lodging to the activity / event. Accordingly, there are particular risks associated with overnight travel. This includes, but is not limited to, the negligent, unlawful, sexual or other misconduct of your child, other students, or adults.

SECTION 3: MEDICAL INFORMATION & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

My child has the following medical conditions (including allergies and medication) that may affect my child during the field trip / activity:

- Medical Condition(s): _____
- Allergy(s): _____
- Medication(s): _____

Emergency Contact Information:

- Name: _____
- Phone Number: _____
- Relationship to Student: _____

SECTION 4: PERMISSION OF PARENT / LEGAL GUARDIAN FOR FIELD TRIP / ACTIVITY & RELEASE OF LIABILITY

I understand that my child’s participation in this field trip (if applicable) is not required, and that the district will provide meaningful alternative classroom activities to my child if I do not give permission for my child to participate. I grant permission for my child to participate in the field trip / activity described above. My child and I understand and agree that my child will follow all directions, rules, safety precautions, and Board policies and regulations.

I understand that there are potential risks to my child’s health and/or safety associated with this field trip / activity. Some, but not all, of the risks associated are described above. In consideration for providing my child the opportunity to participate in this field trip / activity, I voluntarily release, waive, discharge and agree to indemnify and hold harmless the district, it’s directors, officers, employees, agents, and volunteers from any liability, damages, claims or actions of every kind, for any illness, injury, accident or death of my child, for damages to my child’s property, whether caused by the negligence or gross negligence of any released party, including the driver of any privately owned vehicle transporting my child.

In the event of an apparent or real emergency for which medical treatment or hospitalization for my child may be necessary, I authorize the district, including my child’s teacher and field trip / activity leaders and volunteers, to obtain any medical treatment and/or hospitalization as they believe necessary and proper for the immediate care and welfare of my child. I authorize and direct any licensed medical doctor, clinic, hospital or treatment provider to render all treatment believed necessary and proper for the immediate care and welfare of my child. I agree to pay for all medical treatment and expenses incurred on behalf of my child, and I agree to release, indemnify and hold harmless the district from any liability, damages, claims, actions or costs incurred because of such medical treatment or hospitalization.

**THIS FORM MUST BE COMPLETED AND SIGNED FOR ALL PARTICIPATING STUDENTS
PLEASE RETURN TO YOUR CHILD’S HOMEROOM / FIELD TRIP / ACTIVITY TEACHER**

Parent / Guardian Printed Name

Parent / Guardian Signature & Date

Student Printed Name (if over 18)

Student Signature & Date (if over 18)