**Consent, Assumption of Risks and General Release
and Waiver of Claims to Travel to and Participate in
SENIOR BLAST TRIP
at Sleeping Lady Resort in Leavenworth, WA**

The Bear Creek School, 8905 208th Ave NE, Redmond, WA 98053, 425-898-1720

Student Name: _____

Event Name: Senior Blast Trip at Sleeping Lady Resort in Leavenworth, WA, herein referred to as "EVENT"

Event Date(s) and Time: The students will leave from The Bear Creek School on March 8, 2021 at 9:15 a.m. The students will return to The Bear Creek School on March 9, 2021 at approximately 2:00 p.m.

Transportation:
- Students will ride in school-provided vehicles to and from this event.
  OR
- Student will ride in an automobile driven by his/her parent (only persons from the same household may be in the automobile).
- Students **MAY NOT** drive to/from the event, no exceptions.

I, the above-named legal aged student, do hereby give my approval of participation in the above-named event, as part of the student body of The Bear Creek School ("the School").

I, the legal aged student, also understand that the above-named event will occur at the location, on the dates(s) and times stated above. I understand I am responsible for my transportation home at the conclusion of this event.

I, the legal aged student, understand that by the nature of the **Senior Blast Trip to Sleeping Lady Resort in Leavenworth, WA**, that there will be times when it is not possible for The Bear Creek School or its employees or volunteers to supervise the above-named student at this event. I understand that there may be unsupervised time when I will be engaging in snow/winter activities, or at other places where direct supervision is difficult or impossible. I will behave in a responsible manner, consistent with conduct outlined in the Family Handbook, throughout the time that I am participating in this program, whether or not directly supervised by a Bear Creek employee or volunteer, to act in a safe and responsible manner (including school COVID-19 protocols and requests by chaperones), advise program chaperones if there is a concern or injury, and to act as a proper representative of my family and school.

I, the legal aged student, recognize that snow/winter activities are hazardous and dangerous activities with inherent risks. I recognize that such risks can lead to serious injury or death. Additionally, I recognize the possibility of COVID-19 infection, and I have voluntarily made a choice to participate in this activity and expressly assumes and accepts the risks inherent in the activity. By signing below, I, the legal aged student, accept the responsibility to be informed, to behave prudently, act in a safe manner, and to read and abide by all reasonably available sources of information about the activity.

I, the legal aged student, agree to release, hold harmless, and indemnify The Bear Creek School and its employees, trustees, agents, contractors, officers, or other representatives from all claims for any injury or damage resulting from any cause, including negligence, which arise out of participation in or travel to and from this activity. This Release is binding as to any other persons, including family members, heirs, and executors. This Release does not apply to gross negligence or intentional acts.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of the minor's participation in or travels to and from the **Senior Blast Trip to Sleeping Lady Resort in Leavenworth, WA**. I also agree to release, hold harmless, and indemnify The Bear Creek School for any claims brought by the minor.

I have carefully read and understand this "**Consent and General Liability Release and Waiver of Claims**" and agree it is binding upon me.

I am 18 years of age or older and, by signing this "Consent and General Liability Release and Waiver of Claims," to participate in the Senior Winter Blast Trip to Sleeping Lady Resort in Leavenworth, WA., and I accept all of its terms:

Student Signature:_____ Date:_____