

School District

REQUEST FOR STUDENT VOLUNTARY PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

_____ wishes to participate in
(Students Name)

on _____ from _____ am/pm to _____ am/pm
(Date) (Activity)

or during _____ from _____ to _____
(Semester or Season) (Date) (Date)

Transportation will be by _____
(District vehicles, chartered bus, private car driven by school employees, or parents)

It is necessary that the parents specifically request that their child be included in this activity. This activity is voluntary. Supervision for this event will be furnished by the school, but parents should understand that supervision will end at the time stated above. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. If you authorize your child to drive or ride with another student no district supervision will be present during such commute.

If you wish your son/daughter to participate in the above described activity, please complete the request for participation form below, and return it to the school immediately.

(Activity Sponsor)

(Principal)

(Tear on dotted line and return lower portion)



PARENT REQUEST FOR STUDENT PARTICIPATION

I, the undersigned, request that my son/daughter _____ be permitted to
(Name of student)
participate in _____, scheduled for _____,
(Name of Activity) (Date)
from _____ am/pm to _____ am/pm, or during _____,
(Semester or Season)
from _____ to _____.
(Date) (Date)

My son/daughter is authorized to drive or ride with another student Yes G No G

California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. ACCORDINGLY, I/WE HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST THE SCHOOL DISTRICT OR THE STATE OF CALIFORNIA, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the above described activity.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

Date signed

Signature(s) of Parent(s) or Guardian(s)

Date signed

Signature of Student (if over 18 years of age)