REQUEST FOR STUDENT VOLUNTARY PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

_____________________________ School District

REQUEST FOR STUDENT VOLUNTARY PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

___________________________________________________ wishes to participate in

(Student’s Name)

___________________________________________________

(Activity)

on ___________________ from ________________ am/pm to __________________ am/pm

(Date)

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 participate in ______________________________________ , scheduled for _____________ , (Name of student) (Name of Activity) (Date)

from __________ am/pm to __________ am/pm, or during ___________________________ , (Semester or Season)

from __________ am/pm to __________ am/pm.

(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)