



**INSTRUCTIONAL or REWARD/CELEBRATION EXTENDED FIELD TRIP PARTICIPATION AGREEMENT REGARDING RELEASE OF LIABILITY, ASSUMPTION OF RISKS, AND MEDICAL SERVICES AUTHORIZATION**

*To be used for Local or Extended Instructional, Reward or Celebration Activity Field Trips. All field trips are subject to requirements specified in District Policy 6180 & Regulation 6180.1 or District Policy 2320 & Regulation 2320.1.*

\_\_\_\_\_  
Field Trip

\_\_\_\_\_  
Location

\_\_\_\_\_, 20\_\_\_\_  
Date(s)

This Participation Agreement Regarding Release of Liability, Assumption of Risks, and Medical Services Authorization (the "Agreement"), is entered into by and on behalf of parents, parent participants, and the \_\_\_\_\_ School student participant named below (collectively hereinafter referred to as the "Participants"), and Tacoma Public Schools ("TPS"), to provide for participation in the \_\_\_\_\_ trip (the "\_\_\_\_\_ Trip") pursuant to TPS District Policy 2320 and Regulation 2320.1-3.

Student's first and last name: \_\_\_\_\_

**I. RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (PLEASE READ CAREFULLY):** Participants in the \_\_\_\_\_ Trip will travel from Tacoma, Washington, to \_\_\_\_\_. Participation in the \_\_\_\_\_ Trip consists of the following:

This includes, but is not limited to any acts or events occurring during the course of preparing for, participating in, termination of, and returning from the \_\_\_\_\_ Trip (the "\_\_\_\_\_ Trip Activities").

We agree and understand that there are risks whether foreseen or unforeseen, known or unknown, associated with participation in the \_\_\_\_\_ Trip. These risks include but are not limited to, risks associated with air, highway and other forms of transportation; risks of illness, including but not limited to food borne illnesses or reactions to foods; injury (including death or disfigurement) occurring in the course of medical treatment and/or due to lack of medical treatment; loss and other damages from acts of God or Nature, acts of war or terrorism, or other acts arising from conditions concerning social or political unrest; defects in product design, manufacture, or construction; intentional (including criminal) or negligent acts; whether supervised or unsupervised; and risks associated with periods of independent unsupervised activity.

We acknowledge that we have been provided with an itinerary for the \_\_\_\_\_ Trip (the "\_\_\_\_\_ Trip Itinerary"). We attest that Participants are in good health and have no medical conditions, including but not limited to allergies that would prevent, impair, or increase the risks involved with their participation in the \_\_\_\_\_ Trip. We agree and understand that there will be times of unsupervised activity, and we agree to always inform TPS staff, employees, chaperones, or other coordinating agency staff, where we will be during times of unsupervised activity.

**We agree to assume all risks of participation in the \_\_\_\_\_ Trip (other than the risk of gross negligence by TPS), and to release TPS together with its past, present, and future administrators, trustees, employees,**

\_\_\_\_\_ School

\_\_\_\_\_  
Participation Agreement

chaperones/volunteers, and other agents or representatives (the "Releasees"), from any and all liability, claims, or damages (including claims for costs and attorneys' fees) arising out of or in any way connected to participation in the \_\_\_\_\_ Trip, even if caused solely by the negligence (other than gross negligence) of the Releasees.

We personally agree to indemnify the Releasees from and against any claims that may be brought against the Releasees on our behalf, and from and against any claims brought against the Releasees based on an allegation that we have caused injury to any person or property in the course of or related to the \_\_\_\_\_ Trip, and from and against any claims or damages arising out of the \_\_\_\_\_ Trip, including any claims made by others for personal injury or property damage, and any claims made on behalf of our child in light of his/her status as a minor, arising in the course of or related to the \_\_\_\_\_ Trip.

**II. MEDICAL SERVICES AUTHORIZATION:** As the parents, or legal guardians of the Participants, we authorize representatives of TPS who are accompanying the Participants on the \_\_\_\_\_ Trip, or other qualified physicians and/or nurses, to obtain medical services for Participants where the participant has become ill or injured or is otherwise in apparent need of medical attention during the course of participation in the \_\_\_\_\_ Trip.

We agree and understand that should a serious or life-threatening medical emergency arise, initial treatment of the participant may be rendered by an adult who may be present, if in the opinion of that individual, delay may endanger the Participant's life, cause disfigurement, or undue discomfort. We have accurately reported in the medical forms submitted to TPS pursuant to District Policy, any medical conditions including but limited to allergies, or ongoing medical treatment which might influence the treatment of the participant.

We agree and understand that TPS does not assume any responsibility for loss of Participants' personal belongings including but not limited to medications, passports, airline tickets, or other travel documents, or loss or damage to the Participants' personal belongings including but not limited to luggage, electronic devices, cell phones, iPods, iPads, or other personal technology devices.

This Agreement contains the entire agreement between the parties regarding Release of Liability, Assumption of Risk, and Medical Services Authorization, and supersedes any prior Agreement between the parties, whether oral or written, on the subject of liability, indemnification, hold harmless, and waiver or release of claims. Any amendment or change to this Agreement must be made in writing and signed by both parties. This Agreement shall be binding upon the Participants their heirs, representatives, successors, and assigns.

**WE HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL SERVICES AUTHORIZATION AGREEMENT BEFORE SIGNING BELOW. WE UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS UNDER THIS AGREEMENT BY SIGNING BELOW, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY FOR THE PARTICIPANTS TO PARTICIPATE IN THE \_\_\_\_\_ TRIP), ASSURANCE OR GUARANTEE BEING MADE TO US. WE INTEND OUR SIGNATURES TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE (BUT NOT THE GROSS NEGLIGENCE) OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO FULLY INDEMNIFY THE RELEASEES.**

\_\_\_\_\_ School

\_\_\_\_\_  
Participation Agreement

**(BOTH PARENTS MUST SIGN UNLESS OTHERWISE APPROVED BY TACOMA PUBLIC SCHOOLS. STUDENT MUST ALSO SIGN IF 18 YEARS OF AGE OR OLDER.)**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent

I am 18 years of age or older and, by signing this Release of Liability, Assumption of Risk, and Medical Services Authorization Agreement, I accept all of its terms:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Student (If 18 years or older)

ACCEPTED:

TACOMA PUBLIC SCHOOLS  
\_\_\_\_\_ SCHOOL

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**Program/Activity Schedule:**

<b>Day 1 SCHEDULE</b>
8:00 Check-in at Foss Parking Lot
9:00 Leave for Black Lake
9:30 Luggage arrives at camp, unload gear
10:00 Arrive at Black Lake, all school activity in the field
10:45 Welcome to Camp!
11:15 Take gear to cabins, meet with cabin leaders
11:30 Meal Group A or MPG (see specific MPG locations)
12:00 Meal Group B or MPG (see specific MPG locations)
12:30 Meal Group C or MPG (see specific MPG locations)
1:00 Instructional block 1 of 4 (see specific locations)
1:45 Instructional block 2 of 4 (see specific locations)
2:30 Instructional block 3 of 4 (see specific locations)
3:00 Rec Time (Staff Meeting in Mt. Hood)
3:45 Parent Meeting in Mt. Hood
4:30 Cabin Reading (meet in your cabin)
5:45 Meal Group A or MPG (see specific MPG locations)
6:15 Meal Group B or MPG (see specific MPG locations)
6:45 Meal Group C or MPG (see specific MPG locations)
7:30 Evening Showcase in the GYM
9:00 Snacks
9:15 Movie (9 <sup>th</sup> -11 <sup>th</sup> ) Senior Bonfire in the Amphitheatre
11:00 To Cabins – Reflection
11:30 Lights Out
<b>Day 2 SCHEDULE</b>
7:00 Packing and cabin cleaning, bags to U-Haul
7:15 Meal Group A
7:45 Meal Group B - Staff Meeting in Mt. Hood
8:15 Meal Group C - Parent meeting in Mt. Hood
9:00 Instructional block 4 of 4 (see specific locations)
9:45 MPG- Retreat Reflection activity, Clean MPG Area, Picnic Lunch
11:45 All school meeting in the GYM
12:15 Load Buses
12:30 Depart for FOSS
1:30 Arrive at School (Foss parking lot)

## Field Trip Consent Form and Health Questionnaire

To be used for Local or Extended Instructional, Reward or Celebration Activity Field Trips.  
All field trips are subject to requirements specified in District Policy 2320 & Regulation 2320.1R and 2320.3R.

### PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER IMMEDIATELY

I hereby give permission for \_\_\_\_\_ to  
(student first and last name)  
participate on the SAMI All-School Retreat \_\_\_\_\_ in Olympia, WA  
(name of field trip) (city, state)  
on September 6-7, 2023 \_\_\_\_\_ with Tacoma Science and Math Institute  
(date{s}) (Field Trip Lead/School/Org)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Siblings of students are not allowed to attend field trips.

I would like to chaperone. Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Student Emergency Information

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Student's Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

List below the name of another person(s) to contact if you cannot be reached in an emergency:

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

*In the event of an accident or illness, every effort will be made to contact the parent or guardian immediately. However, if the parent or guardian is not available, the School District will secure emergency medical care as needed.*

- I understand that it is my responsibility to inform the school if there are changes in my child's health.
- I understand that the above information may be shared with school district staff or supervising volunteers as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.
- I authorize the Tacoma School District to secure emergency medical care as needed.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does your child have any known allergies?  YES  NO

If yes, specify allergen(s): \_\_\_\_\_

Reaction & Treatment: \_\_\_\_\_

2. Does your child have any food or dietary restrictions?  YES  NO

If yes, Explain: \_\_\_\_\_

3. Does your child have any life-threatening health concerns?  YES  NO

If yes, Specify: \_\_\_\_\_

4. Does your child have any medical conditions that require accommodation in order to participate in the trip?  YES  NO

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

5. Does your child require ANY prescription medication(s), supplements, and/or over-the-counter medication during the trip (i.e. ibuprofen, inhaler)?  YES  NO

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

If yes, complete the outlined steps below:

- a. Obtain a **Physician's Order for Medication at School** form from your child's health care provider.
  - ✦ Each medication requires a separate medication order form, including over the counter medication.
  - ✦ A physician's medication order is required for students to self-carry medication.
- b. Bring the completed **Physician's Order for Medication at School** form **AND** your child's medication to the school Health Room to be reviewed by the school nurse.
  - ✦ Medication(s) must be provided by the student's parent or guardian.
  - ✦ All medication must be unexpired and in a labeled, pharmacy container that matches the doctor order.
  - ✦ If your child already has medication at school, **check with the School Nurse to determine if the current school medication orders on file are adequate.** If so, your child's medications will be sent to on the overnight trip with a school staff member and administered as directed.

If the above steps are not completed, your child will not be eligible to receive medication on the trip. If the medication is related to a life-threatening condition, your child will be restricted from participating.

**Medication paperwork & Medication(s) due by** \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_