

Richland School District Two  
Student Visitor Program Consent, Waiver of Liability, and Signature Form

**SECTION I**

**To be completed by the student:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

- I \_\_\_\_\_, have read, understand, and agree to follow the guidelines, rules, and procedures in the Richland School District Two Student Handbook located at [www.richland2.org/studenthandbook](http://www.richland2.org/studenthandbook).
- I understand that when attending Richland School District Two schools and school-related activities, I am required to conduct myself in a manner that is in the best interest of the school, that I may not disrupt class, become involved in substantial disruptions, or invade the rights of other students or staff.
- I understand that the use, possession or distribution of weapons or any object brandished as a weapon on campus or at school related events is strictly prohibited.
- I understand that the use, possession, or distribution of alcohol, drugs, and other illegal substances on school campus or at school-related functions will not be tolerated and that knowingly consuming or being under the influence of drugs or alcohol is prohibited.
- I understand that sexual offenses (including inappropriate verbal or physical conduct of a sexual nature) are prohibited.
- I understand that engaging in conduct, behavior, or action that is or could be characterized as bullying, harassment, or intimidation is prohibited.
- I understand the following conduct also is prohibited: • Theft; • Use of obscene or profane language or gestures to students, teachers, staff members or administrators; • An unauthorized walkout from a classroom or school building; • Assaulting, blackmailing, threatening or intimidating other students, teachers, administrators or staff members; • Fighting; • Distribution of unauthorized materials; • Vandalism; • Trespassing; • Being in an unauthorized area; • Smoking or other tobacco use; • Forgery and lying; • Gross misconduct, disobedience, disrespectful or disruptive behavior.
- I understand that I must use my electronic communication device ECD (including cell phones) in compliance with the District's Student Handbook and related policies on ECDs.
- I understand that students are prohibited from using ECDs to do any of the following: access and/or view Internet web sites that are inappropriate or otherwise blocked to students at school; capture, record or transmit the words (i.e. audio) and/or images (i.e. pictures, video) of any student, staff member or other person without notice and consent; take or transmit audio and/or pictures/video of an individual without his/her consent; take pictures or record video/audio in

locker rooms, bathrooms, or on school buses or other district vehicles; take pictures or record video/audio in classrooms, unless deemed appropriate by the teacher and used for educational/instructional purposes only; reasonably create in the mind of another person an impression of being threatened, humiliated, harassed, embarrassed or intimidated; or capture, receive, and/or transmit test information or any other information in a manner constituting fraud, theft, cheating or academic dishonesty.

- I understand that students are expected to dress, be groomed, and otherwise conduct themselves in such a way as to not distract or cause disruption in the school setting or pose a safety threat to one's self or others.
- I have read and understand the District's Dress Code and agree to abide by it.
- I agree to follow all of the expectations and rules listed above and in the Student Handbook and understand that my failure to do so may result in my removal from the school, participation in the Student Visitor's Program, and/or referral to law enforcement.

I HAVE CAREFULLY READ THIS DOCUMENT, UNDERSTAND IT, AND AGREE TO FOLLOW IT.

Name (Please print): \_\_\_\_\_

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

**SECTION II**

**To be completed by the Student's Sponsor/Host:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

I agree to serve as the Sponsor /Host of \_\_\_\_\_ and understand that I will be responsible for the transportation of this student while participating in the program.

I have read, understand, and discussed the guidelines, rules, and procedures in the Richland School District Two Student Handbook (including the Responsible Use Policy and Code of Conduct) and set forth in Section I of this form with the student.

I understand that I may be contacted in the event of emergency, illness, or any other matter concerning the student's participation in this program and agree to be responsible for the student and cooperate with the District in addressing any needs or other issues involving the student.

I understand that if the student's participation in the program is suspended or terminated at any time, I will be responsible for immediately retrieving the student from school or making arrangements for his/her safe transport.

Signature of Host/Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III**

**To be completed by the parent or legal guardian:**

I \_\_\_\_\_ (Print name) am the parent or legal guardian of  
\_\_\_\_\_ (print student name).

I have read, understand, and discussed the guidelines, rules, and procedures in the Richland School District Two Student Handbook (including the Responsible Use Policy and Code of Conduct) and set forth in Section I of this form with the student.

I attest that my child is currently in good standing with his/her school, and I authorize the District to contact the school listed below to verify my child's status as a student in good standing.

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I attest that my child's immunization records are up to date and authorize the District to contact and/or obtain my child's immunization records from his/her medical provider listed below to verify the status of my child's immunization records.

Name of Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I authorize the District to communicate with the host/sponsor identified above regarding my child and authorize the host/sponsor to act on my behalf when necessary.

I attest that my child has no current criminal charges pending against him/her.

I understand that there are certain risks that may occur when permitting my child to participate in the Student Visitor's Program. In full recognition and appreciation of the risks, I do hereby release, forever discharge, agree to hold harmless, defend, and indemnify the District, its executives, administrators, trustees, employees, representatives, volunteers, and agents from and against any and all claims, demands, actions, or causes of action whatsoever, known or unknown, which my child or I may have, arising from or relating to any injury, accident, illness, death, and/or any loss or damage to personal property occurring during, or resulting from the participation in the Student's Visitor's Program.

By signing below, I acknowledge that I have fully read and completely understand this entire Consent Form and Waiver of Liability, and I agree to be legally bound by it. I understand that this Consent and Waiver of Liability binds my heirs, executors, administrators, and assigns as well.

I understand that my child's participation may be suspended or termination at any time at the discretion of the District if my child does not adhere to the policies, procedures, and expectations of the District.

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian or other Sponsor/ Host/Emergency contacts listed below. If I am not available, or the other contacts listed below cannot be reached, I hereby authorize School District personnel to secure emergency medical care, as needed, and understand that I will be financially responsible for costs related to securing emergency care for my child. Please provide two phone numbers where a parent, guardian, or authorized person/sponsor/host may be reached in the event of emergency or illness or to give consent to medical treatment.

Sponsor/Host/Emergency contacts:

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

-

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Please list known allergies/medical conditions/activity restrictions:

\_\_\_\_\_

Please list current medications:

\_\_\_\_\_

I have read and I fully understand this information and I consent to my child participating in the Student Visitor's Program.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Richland School District Two is committed to providing equal access to educational and employment opportunities regardless of race, color, religion, national origin, disability, pregnancy, age, sex, sexual orientation, gender identity status, spousal affiliation, or any other protected characteristic, as may be required by law.