

FIELD TRIP WAIVER OF LIABILITY AND RELEASE FORM PERMISSION FOR ADULT DRIVER

FIELD TRIP NAME:

FIELD TRIP DESTINATION:

FIELD TRIP DATE:

FIELD TRIP POINT STAFF MEMBER:

SPECIAL CIRCUMSTANCE FOR ADULT DRIVER:

FIELD TRIP ADULT DRIVER:

DRIVER PHONE NUMBER:

STUDENT NAME:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE NUMBER(S):

I, _____, as a parent or legal guardian of _____ hereby I am voluntarily requesting and grant permission for my student (listed above) to participate in the above event and to be transported to and from this field trip in the personal vehicle of the driver named above.

I understand that the parent/guardian driver named above, and not the Oregon School District, is solely responsible for the safety and welfare of my student during the course of the transportation. I agree to hold the Oregon School District harmless for any and all injuries, damages, and claims that may result from this transportation.

By granting permission for my student to participate in this event, I acknowledge and agree, on my own behalf and on behalf of my student, that such participation is assuming the risk of such illness or injury. I agree that I am familiar with this activity and the risks it may present to my student. I agree to release the Oregon School District, its elected officials, employees, and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind that my student might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct.

I understand that participation in this field trip is voluntary. If I do not give permission, my student will remain at school for the regular day and continue academic work there unless the trip takes place during a non-school time such as weekends and vacations.

In the event of illness or injury, I authorize the Oregon School District to obtain the necessary medical treatment for the student. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the student for any illness or injury that the student may sustain during the event and while traveling to and from the site of the event.

I further understand that parent(s)/guardian(s) may be called to take the student home for an infraction of any school rules. Parent(s)/guardian(s) will be informed and held financially responsible for all travel costs incurred to ensure the health and safety of the student. This may include the cost of providing a chaperone to accompany the student home as well as transport the chaperone back to the field trip site.

By granting permission, I do hereby warrant that I have read the release in its entirety and fully understand its contents. I fully accept the preceding conditions for permitting my student to participate in the event. If I wish to discuss the terms

of this document prior to signing, I understand I can call Jina Jonen, In-House Counsel / Director of Human Resources at (608) 835-4015.

Parent/Guardian Signature: _____ Date: _____

Student Medication (if applicable): _____

Any medications to which the student is allergic or currently taking are listed below. I agree that the student shall bring medications, which the student is currently taking with them to the event and that they will self-administer the prescribed dosage.