

BRISTOL WARREN REGIONAL SCHOOL DISTRICT
Bristol, Rhode Island
Off-Campus Program/Trip Consent
And
Assumption of Risk Form*

The undersigned, parent or guardian of _____ (Student), consents to the Student participating in the off-campus Program/Trip known as _____ (Program/Trip). The undersigned states that he/she has familiarized himself/herself with the Program/Trip and that the Student has the maturity necessary to participate.

The undersigned acknowledges that participation is off-campus and has some risk inherent in it, to include, but not limited to, participation injury, travel and/or carpooling, *including personal injury and death*, all of which are acknowledged and assumed.

Medical treatment at my sole expense may be authorized by School Department employees, as my agent.

In consideration of the Student's participation in the Program/Trip, the undersigned agree to hold harmless Bristol Warren Regional School District, its School Committee, its agents, servants, employees and volunteers (collectively "Supervisor(s)") from claims arising out of the Student's participation in the Program/Trip and assumption of the risk involved, that do not concern an intentional tort by Supervisor(s) or wanton behavior or gross negligence or reckless disregard by Supervisor(s).

Executed by the parent or guardian and the above Student this _____ day of _____, (month)

(year)

Signature of Student
Printed Name: _____

Signature of Parent/Guardian
Printed Name: _____

(work phone) (home/cell phone)

Signature of Adult Witness
Printed Name of Adult Witness: _____

*See Policy IICA Adopted: May 24, 1993
December 10, 2021