

**Snohomish School District No. 201
Snohomish, Washington**

OUT-OF-COUNTRY FIELD TRIP/EXCURSION CONSENT FORM

Participant Information

Student Name: _____ School: _____

Grade Level: _____ Student ID #: _____

Home Address: _____

Parent Contact Phone: _____ Birth Date: _____

Trip Information

Departure Date: _____ Return Date: _____

Destination: _____

Purpose of Trip: _____

Trip Cost: _____ Payment Date: _____

Guardian Consent/Student Pledge

I have read the enclosed itinerary and am aware of the activities of the proposed trip. I agree to return the signed itinerary and will provide the District with proof of medical insurance (with coverage out-of-country), as well as medical needs/conditions of my student.

I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to my student participating in the activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor.

Parent or Guardian Signature

Date

I acknowledge that I have received and am familiar with the student rules of conduct. I understand that school rules of conduct will apply while on this trip and pledge that my conduct will at all times reflect credit upon my parents, school and self.

Student Signature

Date