

BLUFFTON-HARRISON METROPOLITAN SCHOOL DISTRICT**RELEASE AND AUTHORIZATION FOR ADULT VOLUNTEERS**

I hereby volunteer to participate in the event described below. During such event, if it shall be necessary for me to receive medical treatment for any illness, injury, or emergency, I authorize the school, or any of its agents, employees, or volunteers to secure reasonable medical treatment for me and I hereby appoint such representative of the School Corporation to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand that this authorization is used only in the event of an emergency.

Event dates _____ Description of event _____

Travel destination(s) _____

Name of adult volunteer _____

Adult Volunteer Signature

Date

In conjunction with the Event described above, I am hereby providing the school with the following information

In case of emergency, please contact:

Name _____

Phone (home) _____ (work) _____ (cell) _____

This Release and Authorization Form must be in the possession of the staff member in charge of the field trip in case of an emergency.

GENERAL RELEASE AND WAIVER OF LIABILITY

I, the Adult Volunteer named below, understand the nature of the School Corporation Field Trip ("Field Trip") and am in accordance with the purposes and procedures governing the Field Trip. I hereby volunteer to participate in the Field Trip. In consideration for my participation in the Field Trip:

RELEASE OF ALL CLAIMS. I hereby release, discharge, and covenant not to sue School Corporation, its administrators, teachers, directors, agents, officers, volunteers, and employees, other participants, other event organizers, and, if applicable, owners and lessors of premises on which the Field Trip takes place, (collectively as "Releasees") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, or any other claim in equity or at law (collectively, "Claims"), whether caused in whole or in part by the Releasees or any other person or thing at the Field Trip while I am present, which I or my, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by myself in the Field Trip, specifically if the Claims are caused by the negligence of the Releasees. I further agree that if, despite this release and waiver of liability, I, or anyone on my behalf, makes a claim against any of these Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability damage, or cost which any may incur as the result of such claim. I understand, acknowledge, and accept that this Release and Waiver of Liability is intended to be binding on myself, anyone related to me, my personal representatives, heirs, and next of kin.

RISKS ACCEPTED; MEDICAL TREATMENT. I further understand, acknowledge and accept that participation in the Field Trip involves certain inherent risks, including, but not limited to, property damage, economic loss and serious bodily injury (including death), and I agree that I am voluntarily participating in the Field Trip with full knowledge of the risks involved and accept all risks of participation. I authorize representatives of School Corporation, and/or a party designated by representatives of School Corporation to provide necessary medical treatment to me, at my cost, should the need arise. School employees supervising the trip will first attempt to contact the Emergency Contact provided above regarding any decision to provide medical treatment but if the circumstances require an immediate decision, then this treatment will be authorized by the School on behalf of myself. I understand, acknowledge, and accept that I must provide medical insurance for myself.

I am of legal age and am freely signing this agreement on behalf of myself. I understand, acknowledge, and accept that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state/nation in which the Field Trip is taking place and agree that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Participant Name (printed) _____ **Participant Age** _____

Participant Signature _____

City _____ **State** _____ **Zip** _____

Email Address _____ **Phone** _____