

Oroville Union High School District
Request for Board Approval to Participate in a "High Risk" Activity

Activity: _____

Date(s): _____ Hours: _____

Location(s): _____

Individuals Responsible for Supervision: _____

Cell Phone # for the Above Individuals: _____

Additional Chaperones: _____

List of Students Attending Activity (attach list if additional space is needed): _____

Liability and property insurance can be purchased for special events through companies like insurevents.com. Has special event insurance been purchased? Yes No If yes, please attach a copy of the policy.

Provide details of any measures taken to reduce the risk of incurring a loss: _____

High Risk Categories

The activities listed below are classified as "High Risk" by the Butte Schools Self-Funded Programs (Policy 5.9), and any claims resulting from these activities will require the District to pay a \$5,000 deductible.

Please Note: This list does not include all potential high-risk activities; others may also be classified as high risk and, in such cases, board approval is necessary. If you have questions about what constitutes a high-risk activity, please contact the District Assistant Superintendent/CBO.

- | | | |
|--|---|--|
| <input type="checkbox"/> Snow/ski trip | <input type="checkbox"/> Scuba diving trips | <input type="checkbox"/> Any water activity * |
| <input type="checkbox"/> Bicycle activities/trips | <input type="checkbox"/> Out-of-country trips | <input type="checkbox"/> Use of a private residence |
| <input type="checkbox"/> Kickboxing, martial arts | <input type="checkbox"/> Bonfires | <input type="checkbox"/> Indoor/outdoor floor hockey |
| <input type="checkbox"/> Overnight trips
(chaperones not fingerprinted) | <input type="checkbox"/> Indoor skydiving | <input type="checkbox"/> Bounce houses/inflatable structures |
| | <input type="checkbox"/> Skateboard/rollerblade/
motorized cycles or
similar item | <input type="checkbox"/> Outdoor rock climbing, spelunking or
rappelling (no contract for Ropes or
similar course) |

*** You must complete the second page.**

Requestor's signature: _____

Date: _____

Principal's signature: _____

Date: _____

Asst. Superintendent's/CBO signature: _____

Date: _____

Date of Board approval: _____

Forms are due to the Superintendent's office no later than the first working day of the month in which the activity occurs.

