SALIDA HIGH SCHOOL
FIELD TRIP CONSENT

Student's Name _____ Date: October 26, 2010 _____

Destination: Gunnison, Western State Class: English _____

Teacher: E.Lamont, K.Clark, D.Bass Phone number: 530-5401 _____

Departure time: 8:00 a.m. _____ Departure location: Salida High School

Return time: 5:00 p.m. _____ Cost: $5.00 _____

Educational purpose: Poetry Slam Workshop _____

_____

Parent/Guardian, please read and initial the following statements, fill out the information required, sign and return this form with your student by: _____.

CONSENT FOR FIELD TRIPS/CONSENT TO TREAT

_____ 1. I, the undersigned parent or guardian, hereby give my consent and permission for the above named student to participate in and attend the activity described above as part of a school sponsored field trip. As parent and/or legal guardian of the student, I understand and agree that I am responsible for the student during the trip and in the event the student should violate the rules established for students during the trip.

_____ 2. Parent will be responsible for and hold the School District, its agents, servants, and employees harmless from any and all damages to persons or property caused by acts or the student.

_____ 3. Parent and student understand and agree that the School District and its servants, agents, and employees do not assume any liability for loss or damage to any personal property owned by student and parent/guardian during the trip. We, parent/guardian and student, further assume any and all risks which may arise in connection with attendance on the trip and any and all risks which may arise in connection with traveling to and from the final destination of the trip.

_____ 4. Parent and student hereby agree to release and to save and hold harmless the School District, its agents, servants, and employees from any claim, loss, demand or cause of action of whatsoever nature or kind, excluding acts of willful misconduct or gross negligence, arising out of or incurred as a result of the student's attendance and participation in the trip, or as a result of any claim, lawsuit or action of any kind filed against the School District by the student.

_____ 5. The parent and student authorize the school's authorized personnel to call for medical care for the student or to transport the student to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for the student. The undersigned agrees that upon the transporting of the student to any such medical facility or hospital that the school shall not have any further responsibility for the student. Further, the student agrees to pay all costs associated with such medical care and related transportation for the student and shall indemnify and hold harmless the school of and from any costs incurred therein, as provided.

_____ _____

Parent/Guardian Date Student Date

Parent/Guardian Name: _____

Parent/Guardian home telephone number _____ Alternate telephone number: _____

Address of student: _____

Address of parent/guardian, if different: _____

Other emergency telephone number(s): _____