

**CAMPBELL UNION HIGH SCHOOL DISTRICT
EXCURSION/FIELD TRIP WAIVER, RELEASE, AND INDEMNITY AGREEMENT
AND MEDICAL AUTHORIZATION – MINOR**

Dear Parent/Guardian and Student:

Kindly complete and return a copy of this form to the staff person named below:

(Staff Member Name): _____ Alex Christensen _____

Date: __August 1, 2016__

Student's Full Name: _____ has my permission to participate in the following activity:

Title of Event: 2016 Leigh Marching Band Season **Location:** _____ see schedule _____

Departure Date & Time: _____ see season schedule _____

Return Date & Time: _____ see season schedule _____

NOTE: This is a binding legal agreement. You may wish to consult with your attorney before executing this Agreement.

I, _____ (Parent/Guardian of Student Participating in Excursion/Field Trip), hereby voluntarily release, waive, and relinquish any and all claims and causes of actions against the State of California, Campbell Union High School District, and all employees, officers, board members, and agents of Campbell Union High School District, which may hereafter arise on behalf of myself, _____ (my minor child [ren]), my heirs and representatives, or the heirs and representatives of my child[ren] for accident, illness, injury, or death arising from the participation of my child[ren] in **the following excursion/field trip/event:** _ 2016 Leigh Marching Band Season __, scheduled for the **date(s) of:** **_ August - December 2016** ____, whether the same shall arise by negligence or by any other cause.

I further voluntarily agree, for myself, for _____, (my minor child[ren]), for my heirs and representatives, and for the heirs and representatives of my child[ren] that if any claim or cause of action for accident, illness, injury, or death shall be prosecuted against the Campbell Union High School District, or its employees, officers, board members, or agents, arising from my action or inaction or my child[ren]'s action or inaction, during or related to said excursion/field trip(s), I and my heirs and representatives will indemnify and hold harmless, Campbell Union High School District, and all of its employees, officers, board members, and agents from any and all such claims and causes of action.

I acknowledge that I have read this Waiver, Release, and Indemnity Agreement and that I have been advised that I may wish to consult my attorney regarding the legal consequences of signing this Waiver, Release and Indemnity Agreement.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual's being sent home at his/her and/or parents' expense. Disciplinary action may occur for any violation of the California Education Code, Section 48900 and/or 48915.

I (student) realize that I am responsible for the following:

1. Following all school rules while on the trip
2. Behaving in a manner that will be a credit to my High School
3. Making up all school work missed
4. Obtaining teachers' signatures giving approval to miss class *
5. Directing any problem on the trip to the advisor or other chaperones from my High School
6. Other _____

(over)

In the event of a medical emergency, I give my permission for _____
to receive care/treatment from a licensed physician at the nearest hospital. *Please indicate any medical or health problems (such as allergies) that the advisor or attending medical person should know including medications currently taken by your student:*

Signature of Parent/Guardian

Signature of Student

(Date of Birth)

Witness Signature

Student's High School

Address

Parent Phone: Day / Evening

Family Medical Insurance Carrier/Policy Number

Address

****Teacher Signature is not required for this form. Do not have teachers sign. In the event that students need to miss a day of school, prior notification will be sent to all teachers from the Band Director or the Activities Director.**

Teacher signature indicates approval of absence for this student on approved days.
Period Subject Teacher Signature

Period	Subject	Teacher Signature
0		
1		
2		
3		
4		
5		
6		
7		
8		

Cc: Original to be carried on trip by advisor
Copy to be filed in Activity Director's Office prior to departure