

**ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT**  
**The Brentwood School District**

I/We, \_\_\_\_\_, the parent(s) or guardian(s) of \_\_\_\_\_ give my/our permission for my/our child to participate in an activity/field trip. I/We understand that, although this activity/field trip is designed to enhance learning and support curriculum, participation in this activity/field trip is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

Activity/Field Trip Details

1. Description of the activity/fieldtrip (including dates, times, departure and return):
  
2. Purpose of/Plan for the activity/field trip:
  
3. Supervision:
  
4. Transportation:
  
5. Requirements (clothing, equipment, supplies):
  
7. Other relevant activity/field trip information:

By signing this permission form, I/we acknowledge the following:

1. I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity may have inherent risks of injury for those who participate, including, but not limited to, transportation from and to the school campus.
2. I/We understand the School District cannot unconditionally guarantee safety for children and that the obligation of the School District is to take reasonable precautions for safety and well being. My/Our child also has a responsibility for his/her own safety and the safety of others.
3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.
4. I/We represent that my/our child is physically fit to participate in this activity, and if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The School District will rely on this representation.

5. My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from participation in this activity.
6. I/We hereby consent to medical treatment to my/our child, which may be deemed advisable in the event of injury, accident and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
7. I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
8. I/We will bear any cost for additional transportation, if my/our child leaves or is asked to leave the activity before completion.
9. I/We acknowledge and understand the risk and requirements for our child to participate in this field trip.

**RELEASE**

In consideration of permission for my/our child to participate in the field trip, I/we knowingly, and voluntarily release and waive and further agree to indemnify and hold harmless SAU #16, the School District, and their officers, agents, employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have or claim to have (known or unknown), seen or unseen, directly or indirectly, for or on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from or arising out of my/our child's participation in the field trip, or in any way connected with or arising out of instruction, training, emergency care or other operations incidental to participation in the field trip.

This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

\_\_\_\_\_

Parent/Guardian Signature
Date

\_\_\_\_\_

Parent/Guardian Signature
Date

My child will bring a bag lunch.

My child will purchase a school lunch.

Medical and/or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

I am available to chaperone for this activity. I understand that I will be contacted by the teacher if there is a need for my help.

I understand that I will be responsible for maintaining the confidentiality of all information or conversation to which I am exposed while serving as a chaperone, whether this information involves staff, other chaperones, or students.

\_\_\_\_\_

Parent/Guardian Signature
Date