



Field Trip Permission/Waiver/Accident

(Each student must submit this form to their Teacher/Advisor/Coach prior to the event)

Teacher/Advisor/Coach: _____

School: _____ Grade/Class: _____

Destination: _____ Depart Date: _____ Return Date: _____

Transportation: Private Vehicle(s) Rental Vehicle(s) Bus(es) Walking Flight

Waiver:

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Piedmont Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of the participant, by this instrument, to exempt and relieve the Piedmont Unified School District from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Piedmont Unified School District, he/she shall indemnify and save harmless the same from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and is fully aware of the legal consequences of signing the within instrument.

Parent/Guardian to Complete Emergency Information:

Student: _____ Parent/Guardian: _____

Home #: _____ Cell #: _____

Please check the appropriate statement regarding student's health:

- My child has no known health problems.
- My child has the following health problems: _____

(Please identify any medication that the child may need during this trip and attach the *PUSD Field Trip: Medication Form*)

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician, named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned parent/guardian fully understands he/she is responsible to pay all cost incurred as a result of the foregoing.

Physician's name: _____ Phone #: _____

Medical Insurance (Kaiser, etc): _____ Medical #: _____

Parent/Guardian Signature: _____ **Date:** _____