



STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the field trip unless this completed and signed authorization is submitted to the supervising teacher, sponsor, or school Main Office at least 6 weeks prior to the field trip.

Verbal authorizations or authorizations not on this form cannot be accepted.

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	Six Flags Discovery Kingdom 1001 Fairground Drive Vallejo, CA 95589
Date of Trip:	October 20, 2018
Expected Departure Time:	7:30 AM
Expected Return Time:	9:30 PM
Method of Transportation:	School Bus
Supervising Teacher/Sponsor:	Anne Bestgen and Angela Tran
Medical Conditions/Medications:	

By signing below, I acknowledge and agree as follows:

1. Participation in this field trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the field trip. I request that the student be allowed to participate in the field trip, under the supervision of the supervising teacher/sponsor and/or adult chaperones with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).
2. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the student's participation in this field trip. [Adults participating in out-of-state field trips must also sign a statement waiving such claims.]
3. The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
4. Emergency medical information regarding the student is on file with the District and is current (provide updated information before the trip, if necessary). If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Printed Name	Signature	Date
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Date Received by School:	Received by:
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Supervising teacher/sponsor shall take a copy of this form on the field trip/the original form will remain on file with the main office for a period of no less than two (2) years after the date of the field trip

Authorization to Attend and Medical Authorization

Reset Form

Print Form

Upon completion, this form must be held by chaperone
Do not send to the Kiwanis District Office

Authorization To Attend Event and Emergency Medical Treatment Authorization

Members attending designated Key Club activities. This form must be completed by the parent, legal guardian, or person in loco parentis for the member.

Member

Name

Address

City, State, Zip

Sex Male Female

Birthdate

Chaperone (who is the designated chaperone for your child?)

Name

Relationship to member

Note: An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school, and registered with and accompanying the Key Club member at the event or activity.

Emergency Information

In case of emergency, please contact: Relationship to member:

Daytime Phone: Night time phone:

Alternate Contact: Relationship to member:

Daytime Phone: Night time phone:

Medical Information

Health Insurance Company: Policy Number:

Group name on insurance coverage:

Telephone number or other contact information shown on insurance card:

Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? Yes No

If yes, please explain:

Has he/she ever been or currently being treated for:

Nervousness? Yes No

Convulsion or epilepsy? Yes No

Heart Condition? Yes No

High Blood Pressure? Yes No

Rheumatic Fever? Yes No

Cancer or Tumors? Yes No

Headaches? Yes No

Fainting Spells? Yes No

Asthma? Yes No

Diabetes? Yes No

Allergies to medication? Yes No

List any allergies or other medical conditions of which we need to be aware:

I am the parent or legal guardian for the above-mentioned Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International or the Cali-Nev-Ha District. I also have read and understand the Code of Conduct form, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above named Key Club member. On behalf of myself and my ward/minor, I/we hereby **RELEASE, WAIVE, AND FOREVER DISCHARGE** Key Club International, Cal-Nev-Ha Kiwanis District and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgements, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International or the Cal-Nev-Ha Kiwanis District for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or Guardian:

Signed By



AGREEMENT FOR ACTIVITY PARTICIPATION

(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)
All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Activity defined below.
A separate Agreement is required for each Activity in which the Student may participate.

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Activity/Club/Class/Program: <u>West Campus Way Club's Fall Rally North Six Flags 2018</u>	

In Consideration for the Student's ability to participate in a Student Activity, Student Club, and/or a Special Class or Program (including after-school programs or classes involving special risks of harm or injury) listed above (the "Activity"), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation ("Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.
2. The Student and Adult understand the nature of the Activity, and its associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.
3. The Student shall comply with the instruction and directions of Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Activity and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Activities and a prohibition against any future involvement in Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Activities, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.
4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student's participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330..

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

8. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student Signature Date