

Carmel Unified School District

Non School-Sponsored Trip Waiver/Voluntary Excursion

STUDENT PARTICIPANTS

Dear Parent/Guardian:

This is a waiver of liability against Carmel Unified School District ("District"), its employees, officers, agents and volunteers, and against the State of California, for injury, accident, illness or death occurring during or by reason of a field trip or excursion that is undertaken by a student organization. A student organization field trip is defined as a field trip or excursion not sponsored or funded by the District. Due to the risk of perception that such trips are school-sponsored, it is a requirement that student participants submit this form, signed by a parent or legal guardian.

Please note:

- The District is not sponsoring the trip to (location) _____, occurring on or around (date) _____, undertaken by (Club/Organization) _____.
- Any and all District staff attending the above-mentioned trip will be attending solely as individuals and not on behalf of the District in any capacity and, therefore, not responsible agents for the conduct and welfare of the students during the trip.
- No insurance coverage will be provided by the District.
- Participation in the above-described trip/activity is completely *voluntary*.

PLEASE FILL OUT AND RETURN TO SCHOOL OFFICE:

Student Name: _____ has my permission to participate in the above-described student organization field trip or excursion.

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

I understand that I assume all of the above-mentioned risks, will hold the Carmel Unified School District, its employees, officers, agents and volunteers, and the State of California, harmless of any and all liability or claims whatsoever, which may arise out of or in connection with the above-described trip/excursion. The terms hereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

Signature of Parent/Guardian

Date

Phone Number

Address

Zip Code

Signature of Student

Date of Birth

Grade

Address

Zip Code

Phone Number