PARENTAL PERMISSION PARTICIPATION FORM FOR EXTENDED FIELD TRIPS

WAIVER OF LIABILITY

Students have many opportunities to participate in various school-sponsored extracurricular activities, day field trips, and/or extended field trips, both nationally and internationally as an extension of classroom interests or special interest clubs.

When a student and their family choose to participate in one of these activities, the District 113 Board of Education cannot assume responsibility for the safety and welfare of students while they are off campus beyond making reasonable provision for their supervision by representatives of the School District designated to supervise the activity.

Costs for Travel: Signing up for a trip indicates that the student is obligated to fulfill his/her monetary commitment; therefore, there is no expectation of a refund including if the student's participation is cancelled due to disciplinary action, medical illness, or other similar circumstances.

For international travel, parents are encouraged to purchase trip insurance. Township High School District 113 is not responsible to refund students for cancelled trips or to pursue reimbursement from travel agents or trip insurance carriers, under any circumstances.

By signing below, parents/guardians acknowledge that it is the responsibility of the parents/guardians to ensure that their student(s) is/are properly vaccinated for any international field trips. The District is not responsible for ensuring that students obtain vaccinations for international trips. For information purposes only, here is the link to CDC's website as it pertains to vaccinations for foreign travel: https://wwwnc.cdc.gov/travel

Additionally, your signature below constitutes and is evidence of (1) your consent to permit your student to participate in the school activity/field trip described below; (2) your acknowledgement that there are certain risks of injury, allergic reaction, property damage, loss, or other harm that may arise from your student's participation in such school activity/field trip; (3) your agreement to accept general liability for the participation of your student in the school activity; and (4) your agreement to waive, release, indemnify and hold harmless the District 113 Board of Education, its members, officers, administrators, employees, agents, volunteers, and insurers, from and against any and all claims and liability, including but not limited to costs, expenses, and attorneys' fees, by reason of injury, allergic reaction, loss, or other harm, arising out of, in connection with, or in any manner related to your student's participation in the school activity as described below.

<u>IN LOCO PARENTIS</u>: By signing below, you also give District personnel, volunteer medical personnel, and trip chaperones permission and authority for, and on your behalf to authorize any licensed medical practitioner to render medical aid and treatment to your student, should your student require medical attention.

My student,, h	nas permission to participate in the fo	llowing school
activity/trip under the terms and c the medical aid/treatment of my st	conditions listed above, which include	my consent for
the medical and treatment of my st	tudent ii required.	
(Field trip title, location, and date(s)]		
[Name of parent/guardian (1)]	[Signature of parent/guardian (1)]	
[Name of parent/guardian (2)]	[Signature of parent/guardian(2)]	
[Name of student]	[Signature of student (if 18 years or	older)]
[Date]		
FOR INTERNATIONAL T	TRIPS, THIS FORM MUST BE NOTA	RIZED
Subscribed and sworn to before me th	nisday of	
Notary Public		
(NOTARY SEAL)		

THIS IS A SCHOOL SPONSORED EVENT AND ALL SCHOOL RULES WILL BE ENFORCED. IF THERE IS ANY UNAUTHORIZED USE OF DRUGS, ANY USE OF ALCOHOLIC BEVERAGES, OR OTHER VIOLATIONS OF SCHOOL RULES, PARENTS/GUARDIANS WILL BE NOTIFIED, AND CONSEQUENCES IMPLEMENTED BY THE HIGH SCHOOL DEAN OF STUDENTS, SCHOOL AUTHORITIES, OR LOCAL AUTHORITIES, AS APPROPRIATE.