

FIELD TRIP PERMISSION SLIP AND WAIVER OF LIABILITY AND
RELEASE OF CLAIMS

TRIP DESTINATION:

TRIP DATE and TIME:

TRIP POINT STAFF MEMBER:

TRANSPORTATION:

PURPOSE:

STUDENT NAME: _____

STUDENT'S SCHOOL: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE NUMBER(S): _____

I am the parent or legal guardian of the student named above. I am voluntarily requesting and grant permission for my student (listed above) to participate in the above field trip. By granting this permission, I acknowledge and agree, on my own behalf and on behalf of my student, that such participation is assuming the risk of illness or injury. I agree that I am familiar with this event and the risks it may present to my student. I agree to release the Oregon School District, its elected officials, employees, and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind that my student might suffer as a result of participation in this event, except for those that result from gross negligence or wanton and willful misconduct.

In the event of illness or injury from participation, I authorize the Oregon School District to obtain the necessary emergency medical treatment for the student. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the student for any illness or injury that the student may sustain during the event and while traveling to and from this trip destination.

I further understand that parent(s)/guardian(s) may be called to take the student home for unsafe behavior or not following school rules. Parent(s)/guardian(s) will be informed and held financially responsible for all travel costs incurred to ensure the health and safety of the student. This may include the cost of providing a chaperone to accompany the student home as well as transport the chaperone back to the trip destination.

By granting permission, I do hereby warrant that I have read the release in its entirety and fully understand its contents. I fully accept the preceding conditions for permitting my student to participate in the event described above. If I wish to discuss or negotiate the terms of this document prior to signing, I understand I can call Jina Jonen, In-House Counsel / Director of Human Resources at (608) 835-4015.

Signed: _____
Parent/ Legal Guardian

Date: _____