

**WESTMONT HIGH SCHOOL
EXCURSION/FIELD TRIP WAIVER,
RELEASE, AND INDEMNITY AGREEMENT
AND MEDICAL AUTHORIZATION – MINOR**

Dear Parent/Guardian:
Kindly complete and return a copy of this form to the staff person named below:

(Staff Member Name): Christiana Mandler Smith

Date: July 24, 2019

Student's Full Name: _____ has my permission to participate in the following activity: Marching Band Rehearsals and Competitions July 2019-December 2019

Title of Event: **Marching Band Rehearsals and Competitions** **Location:** **Varies--See Individual Schedules on School Loop and Facebook**

Departure Date & Time: _____

Return Date & Time: _____

NOTE: This is a binding legal agreement. You may wish to consult with your attorney before executing this Agreement.

I, _____ (**Parent/Guardian of Student Participating in Excursion/Field Trip**), hereby voluntarily release, waive, and relinquish any and all claims and causes of actions against the State of California, Campbell Union High School District, and all employees, officers, board members, and agents of Campbell Union High School District, which may hereafter arise on behalf of myself, _____ (my minor child[ren]), my heirs and representatives, or the heirs and representatives of my child[ren] for accident, illness, injury, or death arising from the participation of my child[ren] in the following excursion/field trip/event: _____, scheduled for the date(s) of: _____ July-December 2019 _____, whether the same shall arise by negligence or by any other cause.

I further voluntarily agree, for myself, for _____, (**my minor child[ren]**), for my heirs and representatives, and for the heirs and representatives of my children] that if any claim or cause of action for accident, illness, injury, or death shall be prosecuted against the Campbell Union High School District, or its employees, officers, board members, or agents, arising from my action or inaction or my child[ren]'s action or inaction, during or related to said excursion/field trip(s), I and my heirs and representatives will indemnify and hold harmless Campbell Union High School District, and all of its employees, officers, board members, and agents from any and all such claims and causes of action.

I acknowledge that I have read this Waiver, Release, and Indemnity Agreement and that I have been advised that I may wish to consult my attorney regarding the legal consequences of signing this Waiver, Release and Indemnity Agreement.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual's being sent home at his/her and/or parents' expense. Disciplinary action may occur for any violation of the California Education Code, Section 48900 and/or 48915.

I (student) realize that I am responsible for the following:

1. Following all school rules while on the trip
2. Behaving in a manner that will be a credit to Westmont High School
3. Making up all school work missed
4. Obtaining teachers' signatures giving the approval to miss class *
5. Directing any problem on the trip to the advisor or other chaperones from Westmont High School
6. Other _____

In the event of a medical emergency, I give my permission for to receive care/treatment from a licensed physician at the nearest hospital.

Please indicate any medical or health problems (such as allergies) that the advisor or attending medical person should know including medications currently taken by your student:

Signature of Parent/Guardian
(Date of Birth) _____

Signature of Student _____

Witness Signature

Address _____

Parent Phone: Day / Evening _____

Family Medical Insurance Carrier/Policy Number _____

Address _____

Period	Subject	Teacher	Period	Subject	Teacher
1			4		
2			5		
3			6		
7			7		

Cc: Original to be carried on trip by advisor
Copy to be filed in Activity Director's Office prior to departure