ROBBINSDALE AREA SCHOOLS

PERMISSION SLIP AND WAIVER FORM

FIELD TRIP AND PHOTO RELEASE

As a parent/guardian, I give permission for my child to participate in all off-site classes and field trips associated with Robbinsdale Area Schools, including transportation to and from these off-site classes and field trips. These programs are not required by the Robbinsdale Area School District.

In addition, I give permission for my child’s photograph and video image to be released by Robbinsdale Area Schools. The image may appear in newsletters, annual reports, school videos, local news media or other venues for publicity purposes associated with our school. This is not required by the Robbinsdale Area School District. Contact your school secretary for a Request to Withdraw Information form if you want student information kept private.

I am aware of the inherent risks associated with these activities and that all risks cannot be prevented.

If my child should require emergency medical treatment, I consent to such treatment. I acknowledge that the school district does not provide accident or health insurance for students, and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment.

To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees, and volunteers, from any claims for damages or injury to my child or property, which may arise from my child’s participation in any program and all related activities.

This release and holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees, and volunteers that cause harm to my child. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arises out of my child’s participation in any program.

If I am concerned about any program or activities or risks associated with a program, I understand that I can contact Robbinsdale Area Schools.

Child’s Name

__________________________________________________________

Parent/Guardian Name (Print)

__________________________________________________________

Phone Number __________________________ Date __________________________

Emergency Contact Person and Phone Number

__________________________________________________________

Parent/Guardian Signature __________________________