

## RELEASE OF LIABILITY

**Dear Parents/Guardians:**

You may not legally abdicate your full responsibility for your children to anyone, but you can give permission for the school authorities to supervise an activity with your permission. This means that the principal of the school gives the permission for a duly-appointed instructor to accompany and to supervise the activity to which your son/daughter will attend. It is the responsibility of the appointed instructor, as a delegate of the school, to maintain reasonable and responsible supervision at all times.

Nate Maas, Principal

NAME OF STUDENT: \_\_\_\_\_ ID# \_\_\_\_\_

DATE OF ACTIVITY: FRIDAY, JUNE 3, 2022 TIME: 9:30 a.m. - 2:00 p.m.

DESCRIPTION OF ACTIVITY: SENIOR BBQ (and 11th grade graduates)

LOCATION OF ACTIVITY: WALLER PARK - Arrive at Delta by 9:30 a.m. All students need to ride the school bus to the barbeque. The barbeque will end at 1:30 p.m. & students will return to Delta at 2:00 p.m. You may NOT drive yourself to, or be picked up from, the barbeque. YOU WILL NEED YOUR OWN TRANSPORTATION HOME FROM DELTA.

By signing your name, you indicate to the authority of Delta High School that you give your permission for your son/daughter to attend the supervised activity described above and understand that all rules and regulations of Delta High School are to be adhered to.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Section 35330 of the **Ed Code** provides in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

### MEDICAL LIABILITY

\*I, the undersigned parent/legal guardian of the above-named student, consent in advance to whatever medical treatment may be necessary for my son/daughter in case of injury or illness during the trip/activity. Such treatment may include, but not be limited to, anesthesia, x-ray examination, and medical or surgical diagnostic procedures and shall be in the best judgment of the attending physician. I understand that every reasonable effort shall be made to reach me in case of serious illness or injury. I understand the nature of the activity and recognize the problems and/or dangers inherent in such a program and believe the above-named student is able to participate safely in all of the activities of the program.

PLEASE LIST ANY HEALTH CONCERNS/RESTRICTIONS/WHEEL CHAIR REQUIREMENTS: \_\_\_\_\_

CHECK HERE IF NO RESTRICTIONS

MEDICATION: If a student needs to bring medication, they are to give it to the instructor, along with a written order and release form signed by the prescribing physician and parent.

LIST ANY MEDICATIONS TO BE TAKEN DURING THE TRIP: \_\_\_\_\_

\*PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone Contact \_\_\_\_\_

Indicate if home/work/cell

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

### RELEASE OF LIABILITY CONTINUED

At the end of the field trip, students must return to Delta High School on the school bus. Students may not leave the location to go home unless the chaperone has spoken with a parent/guardian. Any student who leaves the location without permission from the chaperone and parent/guardian will meet with school administration, the following school day.

"I, the undersigned parent/legal guardian of (student) \_\_\_\_\_ have read & understand the guidelines above."

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date