

Parent/Legal Guardian:

I, _____ (add parent/guardian name), affirm that my student understands the trip rules and I agree with what has been set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at the expense of the students' parent/legal guardian if the trip leader deems it necessary. I understand and agree that during the trip my student will be, at times, without direct supervision. I agree to defend, release from liability and hold harmless the Beaverton School District, chaperones, employees and volunteers from any and all claims and liabilities arising out of this trip, except those which result from the sole negligence of the district.

On occasion, District sponsored trips may include activities prohibited by Administrative Regulation IICA-AR. The trip itinerary will identify such activities. If they exist you will be required to complete "Release of Liability & Hold Harmless – Non-District Sponsored Activity"

NAME OF PARENT OR LEGAL GUARDIAN (PRINT)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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Section 4: Transportation Release

The District has elected to establish guidelines relating to transportation of students for Beaverton School District sponsored activities. There will be some activities that the District will not be providing transportation to and from the event. This section is intended to advise parents and guardians of these circumstances and to have the parents/guardians release the District from all liabilities arising out of students being transported by ways other than a District Bus.

I acknowledge that I have reviewed the following:

- a) There may be times/occurrences in which my child will be transported by a privately owned transportation company such as rental automobiles, charter buses, commercial airlines, passenger trains, use public transportation such as Tri-Met or Max Light Rail or be a passenger in a private vehicle.
- b) To qualify as a Beaverton School District volunteer driver, in a Private Auto, volunteers must meet the following conditions: (1) Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Voluntary Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers, (2) May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver. (3) Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver. (4) Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver (5) Agree that they will adhere to all traffic ordinances and laws. (6) Have completed and passed a Beaverton School District Volunteer Background Check.
- c) I further agree to defend, release from liability and to indemnify and hold harmless the school district, sponsors, employees, school board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to the transportation of my child. This Release and Indemnity Agreement includes claims based upon negligence.
- d) I further affirm that I have carefully read and understand this agreement and all of its terms. I understand that it is an AGREEMENT TO RELEASE AND INDEMNIFY which will prevent parents or guardians of my child or my child from recovering damages in any event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

Signature for Transportation Release (required for all trips using transportation methods other than district buses)

NAME OF PARENT OR LEGAL GUARDIAN (PRINT)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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Section 5: Permission and Waivers

◆ TRIP PERMISSION

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

◆ IN CASE OF SURGICAL EMERGENCY

I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

NAME OF PARENT OR LEGAL GUARDIAN (PRINT)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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