

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The Tamalpais Union High School District is required to obtain the waiver and release described below pursuant to the terms of California Education Code section 35330, which provides as follows: "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 excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waving such claims."

By signing below, I give my consent to have my student _____

voluntarily attend the field trip to _____ on _____

(Location)

(Date)

on _____

(Location)

(Date)

on _____

(Location)

(Date)

on _____

(Location)

(Date)

on _____

(Location)

(Date)

I understand that the field trip is not a required activity of my student's class. While field trip attendance is encouraged, it is not required

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, AND DISCHARGES THE TAMALPAIS UNION HIGH SCHOOL DISTRICT, their officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my student, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or

2. resulting in death of my student, while my student participates in the Mountain Bike Club
(Sponsoring Program)
field trip to See Attached on See Attached
(Location) (Date)

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS

Archie Williams HIGH SCHOOL AND THE TAMALPAIS UNION HIGH SCHOOL DISTRICT, and each of them from any loss, liability, damage or cost the undersigned may incur due to the participation of my

student in the field trip to See Attached on See Attached
(Location) (Date)

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE caused by or incurred by my student, while my student is participating in the

field trip to See Attached on See Attached
(Location) (Date)

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

Signature of Parent or Guardian

Date

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF CAMPUS SCHOOL SPONSORED EVENTS

→ Student Name _____ has my permission to take part in the field trip
(please print)

1. TO: _____ date: _____
2. TO: _____ date: _____
3. TO: _____ date: _____
4. TO: _____ date: _____
5. TO: _____ date: _____

SEE ATTACHED LIST OF SCHEDULED RACES

Sponsored by _____ Staff Member in Charge _____

Transportation: ☐ contract bus ☒ automobile ☐ other: _____

If automobile, driver is: ☐ employee ☒ adult ☐ student

→ Name of driver: _____

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member and/or adult volunteers. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on this trip.

→ Student Health Insurance Carrier _____

→ I.D./Policy Number _____

→ ☐ My student has **no** special health needs nor any special medication.

→ Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self-administer: _____

→ ☐ In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

→ I understand that this trip: ☐ does ☒ does not involve swimming or wading activities

→ I ☐ do ☒ do not give permission for my student to participate in swim activities.

My student: ☐ cannot swim ☐ week swimmer ☐ average swimmer ☐ strong swimmer

→ ☐ I fully understand that participants are to abide by all District policies and regulations governing conduct during the trip.

→ ☐ I hereby acknowledge that I have been advised that the activities involved in the field trip

☒ are ☐ are not considered by the District to be of "high risk" to the participants.

I grant permission for my student to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my student's participation in this activity.

Name: Parent/Guardian _____ Signature _____ Date _____
(please print)

Home/Cell Phone _____ Work Phone _____

TAMALPAIS UNION HIGH SCHOOL DISTRICT

Larkspur, California

I WILL

- Acknowledged by:
- | | | |
|--------------------------|--------------|-------------|
| Student Signature | Email | Date |
|--------------------------|--------------|-------------|

By signing below, both the participating student and the parents, legal guardian/caregiver hereby agree that the student shall not use **androgenic/anabolic steroids without the written prescription** of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also understand that the Tamalpais Union High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

TRANSPORTATION: BP 3541.1(a) and BP 3541.1(b) The Superintendent, or designee, will neither authorize nor arrange for the transportation of the students by private automobile. **Rather, students and/or their parents will be expected to assume responsibility and make their own arrangements for transportation to practices and contests. Coaches are never to provide transportation for students.**

Signature of Student	Date
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Signature of Parent/Caregiver	Date
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