

AWMTB – Forms to Participate
Due December 15, 2024

The District requires that every student be cleared by their physician to participate in the AWMTB club. Additionally, the District requires parent/guardian to complete several forms that are approved by the District Board prior to the first race.

You have received three form packets (Physician Clearance Form, Parent Forms, and Exchequer Bike Park Waiver). The Physician Clearance Form must be completed by the parent/guardian and student's physician. The other forms can be completed by the parent/guardian.

All forms must be submitted together. Partial submittals will not be accepted. Please use this checklist to ensure that you have completed all requirements:

Physician Clearance Form

- Pages 1 & 2 completed by parent
- Page 5 completed by physician

Parent Forms

- Permission form
- Release & waiver of liability
- Driver certification form - **required if you will be driving students other than your own**
- Current auto policy declarations pages showing name of insured, vehicles covered, policy effective dates, and coverage levels - **required if you will be driving students other than your own**

Race 3 Exchequer Bike Park

- Exchequer Waiver

How to submit:

1. Electronically – by scanning all pages into one file, saving the file with the student's first & last name (e.g., Jones_Pat.pdf), and emailing to AWmtbDirector@gmail.com OR
2. Paper – drop your complete packet (in an envelope) at the AW High School Main Office or mail to AW Mountain Bike Club, P.O. Box 495, San Anselmo, CA 94979. Please keep a copy of your packet.

All forms are due by December 15, 2024.

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: | <u>Race 1: Fort Ord, CA</u> | date <u>Feb 21-23, 2025*</u> , early release noon on Feb 21 |
| 2. TO: | <u>Race 2: Granite Bay, CA</u> | date <u>Mar 14-16, 2025*</u> , early release noon on Mar 14 |
| 3. TO: | <u>Race 3: Exchequer, La Grange, CA</u> | date <u>Mar 28-30, 2025*</u> , early release noon on Mar 28 |
| 4. TO: | <u>Race 4: Stafford Lake, Novato, CA</u> | date <u>Apr 25-27, 2025*</u> , early release noon on Apr 25 |
| 5. TO: | <u>Race 5: Six Sigma, Lower Lake, CA</u> | date <u>May 17-18, 2025</u> |

*Sundays of race weekends 1-4 will be used if Saturday race is delayed due to rain

Sponsored by AW Mountain Bike Club Staff Member in Charge Laura Childress, Coach

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 weak 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

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 <u>Race 1: Fort Ord, CA</u>	on <u>Feb 21 - 23, 2025</u>
(Location)	(Date)
<u>Race 2: Granite Bay, CA</u>	on <u>Mar 14-16, 2025</u>
(Location)	(Date)
<u>Race 3: Exchequer, La Grange, CA</u>	on <u>Mar 28-30, 2025</u>
(Location)	(Date)
<u>Race 4: Stafford Lake, Novato, CA</u>	on <u>Apr 25-27, 2025</u>
(Location)	(Date)
<u>Race 5: Six Sigma, Lower, Lake, CA</u>	on <u>May 17-18, 2025</u>
(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 Archie Williams Mountain Bike Club
(Sponsoring Program)
field trip to Races 1-5 listed above on Dates listed above
(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 Races 1-5 listed above on Dates listed above
(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 Races 1-5 listed above on Dates listed above
(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

DRIVER INSTRUCTIONS

1. You must have a valid driver's license and current liability/medical insurance at least \$100,000/\$300/00 per occurrence.
2. Your vehicle must meet District safety standards:
 - Minimum tread on tires (not bald or worn)
 - Working lights, turn signals, mirrors and horn
 - Spare tire, tire jack, highway flares
 - Normally operating engine
 - Normal interior and exterior
 - Normal mechanical system, including steering and brakes
3. You may carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. The vehicle must not be designed, used, or maintained to carry more than 10 passengers, including the driver.
4. **You may transport only students or adults authorized to participate in this school activity. Other passengers, including hitchhikers, are not permitted.**
5. You must require each passenger to use a safety belt.
6. a. During the first 12 months after a student is licensed, the student must be accompanied by a driver 25 years of age or older if the student drives between the hours of 12:00am (midnight) and 5:00am or if the student transports people under the age of 20 **at any time**.
b. During the second 12 months after the student is licenses, the student must be accompanied by a driver 25 years of ae or older if the student drives between 12:00am (midnight) and 5:00am. However, the student may transport passengers under age 20 without supervision between the hours of 5:00am and midnight.

All student drivers that volunteer to driver other students under age 20 for any District sponsored event (i.e. field trips, athletic events) must have signed Parent Permission on the School Driver Certification form (See E(1) 3541.1) the date the license was issued and whether the student must be accompanied by a driver 25 years of age or older (this can either be a parent, teacher or other volunteer.)

Complete only if you will be driving students other than your own E(1) 3541.1

SCHOOL DRIVER CERTIFICATION FORM
FOR FIELD TRIPS OTHER THAN ATHLETIC EVENTS

Driver is an: [] Employee [X] Parent/Guardian [] Adult Volunteer [] Student
(Student driver must obtain parent permission)

I hereby give my permission for my child named below to serve as a volunteer driver.
Parent Signature _____ Date _____
Student (Print) _____ Date of Birth _____
Address _____ Phone _____
Student Driver's License No./Expiration Date _____
Date Licensed Issued _____ The student driver needs to be accompanied by a driver
25 years or older if transporting other students under 20 years old. [] YES [] NO

Vehicle Information

Name of Owner _____
Address _____ Phone _____
Vehicle Year _____ Make _____ License Plate _____
Registration Expires _____ Seat Capacity _____ No. of Seatbelts _____

Insurance Information

[] Please attach a copy of the Policy Declaration page/coverage Page(s) must include name of insured, valid dates of coverage, vehicle(s) covered, and coverage limits

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence and \$300,000 medical coverage. If you transport students often, it is recommended that your liability coverage be \$300,000 per occurrence.)

Policy Number _____ Expiration Date _____
Insurance Carrier _____ Liability Limits of Policy _____
Name of Agent _____ Phone _____

Driver Certification Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Name _____ Date _____

Revised: 2/2/99
Revised: 1/23/07
Revised: 5/22/07
Revised: 6/8/2023

TAMALPAIS UNION HIGH SCHOOL DISTRICT
Larkspur, California