

Covenant High School

Parental Permission and Release for Field Trip and Transportation

Covenant High School Event: Forensics Science Camp for Middle Schoolers

Description of the Event (*Event*): This exciting event is a week long day camp for Middle Schoolers to come and solve a mystery and learn the science behind some of the Forensic techniques used in detective work.

Student's Information:

Name of Student: _____	Date of Birth _____
Emergency Contact Name _____	Phone Number _____
Phone Number (day) _____ (evening) _____	Email _____

Student's Medical Information:

Relevant medical conditions, allergies, etc. _____	

Name of pediatrician / primary care doctor _____	Phone Number _____
Insurance Co and Plan Name _____	Group Name/Number _____
Member Name _____	Member ID _____ Insurance Phone Number _____

I, _____ (*parent or legal guardian*), voluntarily agree to the participation of my child or legal ward, _____, (*my Child*) in Covenant High School's (*School*) Event, including transportation to and from the Event. I understand and, in consideration for my Child's opportunity to participate in the Event, I agree as follows:

1. **Activities covered.** This agreement covers the Event and its related activities, as described above, including travel to and from the Event.
 - 1.1 **Transportation for Event.** Transportation to and from the Event may be provided by a School van, parent carpool, or carpool driven by a School student.
 - 1.2 **Option to withhold consent for student drivers.** I understand that I may qualify this agreement, by additional signature at the bottom, to decline permission for my Child to be transported by student drivers. I understand that the School may not be able to accommodate my Child's transportation for the Event without student drivers.

2. **Potential risks.** I understand that my Child’s participation in the Event involves risk, both known and unanticipated, including injury, illness, lack of available medical care, inadequate medical treatment, and death.
3. **Authorization for medical treatment.** I give the School permission to authorize medical treatment, call 911, or take measures to secure care if my Child is ill, injured, or otherwise requires medical treatment. I give consent to any emergency responder or health care provider to administer drugs or provide treatment to preserve my Child’s life or health. I assume responsibility for all expenses incurred on behalf of my Child and will fully reimburse expenses advanced by the School.
4. **ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION.**
 - 4.1 **Assumption of risk and release of claims.** I have read the description of the Event and the risks identified in *Section 2*. I knowingly and voluntarily agree that I assume all risks of my Child’s participation in the Event. I release the School and its directors, officers, employees, contractors, volunteers, and all other parties involved in the Event (collectively, **Released Parties**) from all claims and other liabilities, including those based on any act, omission, or negligence of any Released Party, that I may have related to or arising from my Child’s participation in the Event (**Claims**). This release is binding on me, my representatives, and heirs. This release does not apply to any Released Party to the extent a claim arises from that Released Party’s gross negligence or willful misconduct.
 - 4.2 **Indemnification.** I will indemnify and defend the Released Parties against all claims, penalties, damages, judgment, or costs arising out of or resulting from my Child’s participation in the Event. This obligation does not apply to any Released Party to the extent a claim arises from that Released Party’s gross negligence or willful misconduct. I understand and agree that this obligation is binding on me, my representatives, and heirs.
5. **Governing law and venue.** This agreement is governed by the laws of the State of Washington, not including its conflict of laws provisions. Venue for any legal action related to this Agreement will be in the state or federal courts located in King County, Washington. I hereby submit to the personal jurisdiction of those courts.

Please read and review carefully. This Agreement contains releases and indemnification obligations.

Parent or Legal Guardian Signature

Date

Printed Name

Relationship to Child

OPTIONAL: *I DO NOT consent to the transport of my Child by student drivers and understand that the School may not be able to accommodate transportation of my Child for the Event.*

 Parent or Legal Guardian Signature

 Date