

Southwest Allen County Schools

Overnight, Out-of-State, Out-of-Country Field Trips Parent Information/Permission

Student Name _____

Destination and Date(s) of Field Trip _____

Teacher _____

Check all that apply:

- Overnight
- Out-of-State
- Out-of-Country

Please note the following information:

- I understand that I and/or my medical insurance will be responsible for all medical expenses incurred by myself/my child, and that neither Southwest Allen County School nor any of its insurers will be responsible for such expenses. (Be sure that you/your child have health insurance coverage for out-of-state and/or out-of country travel.)
- Participation is purely voluntary. Your child will not be penalized if he does not participate.
- The trip may involve risks. Please investigate and ensure that you are willing to accept the risks.
- The school district cannot and will not accept financial responsibility for any contracts that you sign with Tour Group or other vendor. (Most travel agencies offer some "Peace of Mind" insurance policies to protect money paid in case of cancellations or changes in travel plans or itineraries.)
- All school rules apply.

Assumption of Risk Release of Claims and Indemnification

Knowing the risks described in this release, and in consideration of participation in the above named field trip, I/or my child willingly agree, on behalf of my family, heirs, and personal representatives, to assume all risks and responsibilities surrounding my/or my child's participation in the above named field trip. I/or my child further agree to release, hold harmless, indemnify and defend the school, their organizers, their affiliates, and each of their officers, employees, agents, and directors from and against any injury, loss, damage, liability, cost, or expense to person or property which I/or my child may suffer, or for which I/or my child may be liable to any other person or business entity, during my participation in the above named field trip (including any period in transit) arising from any of the risks described herein, my own actions, the organizers, their officers, employees, agents and/or directors.

Applicable Law

This Assumption of Risk, Release of Claims, and Indemnification, as well as any dispute, claim, or cause of action arising out of my/or my child's participation in the above named field trip, shall be governed in all respects by the laws of the State of Indiana. I/or my child further stipulate and agree that exclusive jurisdiction and venue for any such dispute, claim or cause of action arising between or among myself and the organizers, the school, their affiliates, officers, employees, agents and/or directors shall be in the state or federal courts located in Allen County, Indiana.

By signing below, I/or my child acknowledge and agree to acceptance of the terms and conditions herein as my voluntary act, that I/or my child have carefully read this document, and that I/or my child understand its terms.

Date _____

Signature of Parent/Legal Guardian _____

Printed or Typed Name of Parent/Legal Guardian _____

Signature of Participant (if at least 18 years of age) _____

Printed or Typed Name of Participant _____