

**AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of Sierra Academy of Expeditionary Learning (student name)_____ has my permission to participate in Fieldwork at Sierra College, Nevada County Campus on March, 1st 2019.

To be held at: Sierra College 250 Sierra College Dr, Grass Valley, CA 95945

Teachers: Ms. James, and Ms. Burlingham

Day/Month/Time: Friday, March, 1st from 9:30 to 12:00

Method of Transportation: Students will be driven to and from by SAEL approved drivers.

SPECIFIC ACTIVITIES:

(1) Students will tour the Sierra College campus and interact with Sierra College Staff and current Sierra College students.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify the club advisor or Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X _____
Authorized Signature of Parent or Guardian

Printed Name of Parent or Guardian Date

Check here if child **may not** participate in Activity number: (1) [Please provide details and an explanation on the back of this sheet]

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

X _____
Authorized Signature of Parent or Guardian

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

Parent or Guardian's Name (please print)

Authorized Signature of Parent or Guardian

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.