AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: Sierra Academy of Expeditionary Learning: ______________________________
(Student Name: please print)
has my permission to participate in the 2018/19 **Senior Class Expedition Kick-Off at the Rood Center.**

To be held at: **SAEL campus and Rood Center Government Building (See "Specific Risks and Activities" Below)**

Teachers: **Mr. Millar, Ms. Beck, Mr. Berry**

Day/Month/Time: **Wednesday, September 19th, 2018**

Method of Transportation: Students will walk from campus

Specific Risks and activities:

(1) Students will be walking from campus to the Rood Center - via Main Street, Broad Street, and the ditch trail parallel to highway 20 between Bloomfield and Maidu Ave.
(2) Students will interact with Government officials

Potential Dangers or Injuries include:

1. Minor Scratches, Bruises or Scrapes as a result of tripping or stumbling while on trails or streets.
2. Twisting ankles or knees, pulled muscles or ligaments while hiking.
3. Traffic and pedestrian interactions in a metropolitan environment.
4. Walking along lesser-developed city streets with narrow sidewalks, residential driveways, and irregular Intersections.

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) (2) [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.: _______________________________________

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Parent or Guardian's Name (please print)

____ Date: ____________________

Authorized Signature of Parent or Guardian

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