IICAA-R.2
Rev. 10/87
FT-1

WESTERVILLE CITY SCHOOLS
CONSENT, RELEASE AND ASSUMPTION OF RISK
FOR OUT-OF-STATE OR OVERNIGHT FIELD TRIPS

Student Name _____

Curricular or
Extra-Curricular Activity _____

As used herein; "ACTIVITY DIRECTORS", shall include Westerville City Schools, Board of Education, their teachers, agents, employees and licensees, and "UNDERSIGNED" shall be the father and/or mother, or the guardian or the student if eighteen years old or older.

The UNDERSIGNED understand that during the activity in which the student is participating under the direction of the ACTIVITY DIRECTORS, certain risks and dangers may occur, including but not limited to hazards of accidents or illness in remote places without medical facilities, the forces of nature, and travel by airplane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this activity and related activities and to utilize the services, including food, as provided, the UNDERSIGNED hereby assume all the risks set forth above and hereby hold the ACTIVITY DIRECTORS harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above described activity and related activities. The terms thereof shall serve as a release and assumption of risks for the heirs and assigns, executors, administrators and members of the student's family and the student.

In the event emergency medical treatment is required for the student while he is under the control and direction of the ACTIVITY DIRECTORS and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grant to the ACTIVITY DIRECTORS the right to give consent to such treatment for the student on behalf of the UNDERSIGNED. Said consent may be granted or withheld by the ACTIVITY DIRECTORS as each of them, in their sole discretion, shall determine. The UNDERSIGNED hereby waive any claim which they may have against the ACTIVITY DIRECTORS arising from the granting or withholding of the aforesaid consent.

In the event that the student is under the age of majority, the UNDERSIGNED agree to indemnify the ACTIVITY DIRECTORS for any liability imposed on the ACTIVITY DIRECTORS by reason of any claim, cause of action or charge of any kind brought by the student participant or by any person or entity on behalf of the student and arising out of the above described activity or incidents related thereto.

_____ _____ _____
Student's Signature Date Date of Birth

_____ _____
Parent's or Guardian's Signature Date

_____ _____
Address Phone

Students participating in a field trip that will be outside the boundaries of the continental United States must submit this form bearing a stamp of a Notary Public.

STATE OF _____ My Commission Expires:

_____
Notary Public