

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT

(MINOR) STUDENT PARTICIPATION IN DISTRICT SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name _____ has permission to participate in the following field trip: **Please read this information carefully before signing the activity acknowledgement form and waiver of liability attached to this form.**

Destination/Nature of Activity: _____
(Please be specific, e.g., Concert at UCLA)

Special Instructions: _____
(e.g., Bring sack lunch)

Departure Date: _____ Time: _____ **Return** Date: _____ Time: _____

Person in Charge: _____ Position: _____ School: _____

Type of Transportation: District Bus/Vehicle Walking Other _____

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special need, and instructions are attached. Number of attached pages: _____
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Santa Monica Malibu School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

_____	_____	_____
Signature (Parent/Guardian)	Print (Name of Parent/Guardian)	Date
() _____	() _____	() _____
Home Phone	Work Phone	Cell/Pager Phone

_____	_____	_____
Student's Signature	Print (Name of Student)	Student's Date of Birth

Family Medical Insurance Carrier: _____ Policy Number: _____
(Example, Blue Cross)

In the event of an emergency, please contact:

_____	_____	Work Phone () _____
Name	Relationship	
		Home Phone () _____

VISITOR RELEASE AND INDEMNITY AGREEMENT FOR A MINOR CHILD

Project Name: Samohi Discovery Building
Project Address: 601 Pico Blvd, Santa Monica, CA 90405
Project No.: 7737
Project Owner: Santa Monica-Malibu Unified School District

I _____ represent that I am the parent or legal guardian of _____, a minor child. I authorize and give my full legal consent for my minor child to participate in a job walk at the Discovery Building Project (the "Project").

I have been advised and understand that the Project is an active construction site, is currently under construction, and does not yet have a certificate of occupancy for entrance by the public. Furthermore, as an active construction site, the Project and all safety compliance matters within the Project are under the control and direction of McCarthy Building Companies, Inc. ("McCarthy").

The undersigned hereby agrees to the fullest extent permitted by law, in consideration of McCarthy permitting _____, a minor child, to participate in the Event and be provided access onto the above referenced construction site, to release, defend, indemnify, and hold harmless, McCarthy Building Companies, Inc., the [SMMUSD], and each of their directors, officers, employees, agents, consultants, subcontractors, suppliers and vendors for, from and against all claims and expenses, including but not limited to attorney's fees and court costs, arising out of any claim of bodily injury, including death, to _____, a minor child, or damage to the property of the undersigned and/or his/her minor child, or property damage to a third party in connection with the entry of the undersigned's minor child onto the above referenced construction site.

By signing this form, the undersigned certifies that he or she has the full legal authority to act on behalf of his/her minor child and that he/she acknowledges that he/she has reviewed, understands and agrees to this form, recognizes that there is ongoing construction activity, agrees that _____, a minor child, shall be obligated to abide by construction safety requirements, and assumes any and all risk by entering the site.

Date: _____

Signed: _____

Print Name of Parent/Legal Guardian: _____

Name of Minor Child: _____