 **Anoka-Hennepin ISD #11**

**Permission to Participate and Liability Release**

**For Field Trip**

*It is the school's responsibility to collect signed liability releases from each child attending a field trip. If field trip is an overnight, the school will need to have releases signed by adults participating.*

Event/Field Trip \_Global Opportunities for Our Next Generations- Featuring Thomas Hanson (Former Foreign Service Officer)

Date/s 5/17 Location: St. Thomas University (Minneapolis Campus) \_\_\_\_\_\_\_\_\_\_\_\_

**Participant Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home High School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Phone #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following:

 As parent/guardian of the above named child As a participating adult

\*I give my permission for the above named participant to participate in the field trip on \_\_\_\_\_\_I acknowledge and am aware that this field trip may involve certain risks which I am prepared to accept.

* I understand and agree to abide by the school rules and the laws of the community, state, and country.
* Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment by emergency medical personnel.
* I understand that the School Board does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board’s student insurance program or through my own insurance carrier. If we do not have family coverage, I will assume responsibility for any medical bills associated with this field trip.
* I hereby release and wave and further agree to indemnify, hold harmless reimburse the School Board, the individual members, agents, employees, volunteers and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student’s participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian or Participating Adult

(For the of-state travel, the district requires signature of all parties having legal custody privacy.)

Signature Signature

Name Name

Date Date

Address Address

City ZIP City ZIP