

**Student Activity Permission Form/Liability Release
Eugene School District (REQUIRED FORM)**

Dear Families,

The Eugene School District facilitates educational and extracurricular trips to enhance student learning under the guidance of qualified staff and chaperones. These trips are planned so students may learn under the direct supervision of their teacher/coach/advisor and other adult chaperones accompanying the group.

While we implement strict safety protocols, parents should understand that off-campus travel involves an element of unavoidable risk. Regarding liability, the District maintains public liability insurance; however, this coverage applies only to instances of proven negligence. Consistent with Oregon court precedent, the District is not liable for accidental injuries sustained during educational functions.

Travel plans—especially those involving out-of-state destinations—may be subject to unforeseen circumstances such as flight delays, security screenings, or rerouting. By signing this document, parents/guardians acknowledge the potential for such disruptions and accept full financial responsibility for any expenses resulting from alterations to the planned itinerary. (attach additional trip dates/destinations to this form)

Date(s)/Destination(s):

Only students with properly signed permission slips are allowed to make the trip. The school believes the experience is valuable enough to warrant making the trip, but recognizes your right as a parent/guardian to approve or decline participation. If you approve of your students' participation, please sign and return this form. (page 2)

Student Conduct Agreement

I pledge my conduct will, at all times, reflect credit upon myself, my parents/guardians, and my school. I understand the school rules of conduct apply while on the trip.

I understand that in the case of serious violation of the rules outlined in the Student Rights and Responsibilities Handbook, my parent/guardian(s) will be called, and I will be sent home at their expense.

Student Name (print):

Student signature:

Please complete both sides (1 of 2) (revised 1/21/26)...

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Medical Information **Food will not be consumed during this assembly**

Please fill ANY medical or dietary needs for your students that you need addressed while on this trip. This includes medication, allergies, medical conditions.

Student name:

ANY medical or dietary needs:

Emergency contact name & phone # (required):

Parent/Guardian Permission for Student Activity

As the parent/guardian of the above-named student, I have read the attached field trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither they nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances.

These activities are an extension of the school education program, and student conduct is to be in accordance with the school's published rules and regulations.

I understand that participation in this activity is not required. The Activity is voluntary and will expose my child/student (Student) to risks of injury. I understand that participation in the Activity involves a certain element of risk. I understand that any transportation during and participation in the Activity will expose students to risks of injury. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. I understand that these risks could cause harm to the student, his/her property, and other persons.

In consideration for providing Student the opportunity to participate in the Activity, fully recognizing the dangers and hazards inherent in participating in the above mentioned Activity and any related transportation to and from Activity events, both Student and I voluntarily agree to waive and discharge any and all claims against the Eugene School District 4J and release it from liability for any loss regardless of cause, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and Hold Harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability for any loss, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to our property, or losses of any kind which may result from or in connection with Student's participation in the Activity, up to and including injuries stemming from the negligent actions of the District or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of the Student.

Signature of parent/guardian:

Date:

Printed name of parent/guardian:

Parent/guardian Work phone:

Cell phone:

Please complete both sides (2 of 2) (revised 1/21/26)