

Student Travel Permission for Community Access Form BVSD Transition Program

I permit my young adult to participate in community outings within Boulder County, Broomfield County and the Denver Metro Area for the entirety of the school year.

They will be transported by one of the following modes of transportation: school bus, walking, or RTD.

1. I understand that the field trip/community access activity may take place away from school property; may involve transportation by school bus, private vehicle, common carrier or other mode of transportation; and may involve activities beyond the scope of traditional school functions conducted on School District Property.

2. I further understand that usually, but not always, transition learning experiences will be supervised by a staff member. Students may, at times, be unsupervised in a transition learning experience in the community if this has been determined appropriate by the student's IEP team.

3. I acknowledge that my young adult's participation in these activities potentially involves risks and obligations that are impossible to predict, but may include risk of loss or damage to personal property and the risk of sickness, personal injury or death.

4. I understand that the School District does not purchase or have any medical, dental, or hospitalization insurance to cover injuries to or loss of life or pupils or to indemnify parents and guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by me.

I hereby release Boulder Valley School District RE-2, its officers, directors, elected officials, appointed officials, employees, attorneys, and insurance carriers and waive any rights I may have against said school district or any mentioned party for any physical injury or death to my young adult or damage to personal property, whether caused by releasees' negligence or otherwise, while participating in this program of the Boulder Valley School District.

I understand that this permission slip will be valid for one year from the date of signature.

Date: _____

Signature: _____

BVSD Transition Services Permission to Photograph and Videotape

Young Adult Name: _____

Parent or Guardian Name: _____

There may be times during the school year when different media groups (newspapers, television, university, school productions class, etc.) will cover activities at the various Boulder Valley Public Schools with articles, video, or still photography that may be published locally or nationally. In addition, schools or the district may want to include school-oriented articles, video, or photography on their own Websites. This form will state that you give permission for your young adult to be included in any such media or Web coverage.

☐ Yes, I, _____, hereby give permission to photograph my young adult and use audio and/or video equipment to record his/her participation with BVSD Transition Services. I also understand that print and visual media may be used to distribute information regarding his/her participation in the program.

I also give permission for my young adult to be included in media and/or school or district Web coverage. I further understand that the name of my young adult may be used in these publications.

☐ Yes, I, _____, hereby give permission to photograph my young adult **for internal use only** including but not limited to end-of-year slideshow, student communication devices, program newsletter, and staff training.

☐ No, I do not give permission for my young adult to be included in any of the above mentioned.

BVSD and IMAGINE Communication Permission Form

I give permission for BVSD staff and IMAGINE Community Center Board to share information about my young adult.

This authorization will automatically expire 1 year from the date signed below unless I request an expiration date sooner.

Date: _____

Signature: _____