STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE *

Student Name:	_____	School:	_____
Activity (if for sport season name sport):	_____	Field Trip:	Cold Water Safety Challenger Center
Date(s) of trip:	Feb. 13, 2025	Sport Season (if applicable):	_____

To the maximum extent allowed by law, I agree to hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries (up to and including death), accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in the above named activity on the above named field trip except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the District provides limited secondary student accident insurance coverage for travel within the US and Canada (overseas insurance may be purchased separately) and no liability insurance that would cover a student's actions. I understand that the District's insurance is effective only when my student is immediately and directly supervised. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. Due to the fact that the secondary coverage provided by the District is not effective outside of the US and Canada, parents of students going on these trips outside the US will be required to provide proof of insurance. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity.

☐**I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity,** OR

☐**I will be transporting my own child (only) via my own ☐auto,☐ airplane, ☐_____ and understand that I alone will be liable for my own personal insurance and any subsequent expenses for the transport of my child. I understand that transporting my own child does not qualify me to attend or chaperone the field trip. Chaperones are required to complete *E 6153(h) Chaperone/Volunteer Indemnification Statement* and a background check is also required.**

I understand that all District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expenses. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

Please complete both sides of this form (required).

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Continued

I understand this waiver is voluntary, and I fully understand the potential risks.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are attached.

Additional information is available through ___Jackie Tomrdle___ (trip organizer's name) at phone: _(907) 283-8621_____ and school: _KPBSD Migrant Ed Program_____.

Parent or Guardian Printed Name	Parent or Guardian Phone Numbers
Parent or Guardian Signature	Date
Additional Contact Name (Emergency)	Emergency Contact Phone Numbers

* This form is to be completed for each field trip or single event; form is to be completed once for each specific sports season

Original – Principal, Copy – Parent, Copy – Coach/Sponsor

Revised 2-11-2019