



International Travel Permission, Release and Assumption of Risk Agreement

Student Name: _____ Student DOB: _____

Parent/Guardian Name: _____ Parent Phone: _____

Destination: _____ Date(s) of Trip: _____

Trip Coordinator: _____

Description of International Travel: *[Either insert a short description of the trip or refer to other descriptive materials that are being provided at the same time].*

I/We hereby give permission for the undersigned student, _____, to participate in the Steamboat Springs School District international travel described above ("Travel"). In consideration of the Steamboat Springs School District ("School District") permitting Student to participate in the Travel, the undersigned student and I/we agree as follows:

1. Nature of Travel. I/We understand that the Travel will take place away from School District property and may involve activities beyond the scope of traditional school functions conducted on School District property. In addition, transportation will be provided by third party carriers and not district vehicles. I/We expressly acknowledge and understand that the insurance carried by the transportation provider is the primary insurance coverage. I/We acknowledge that I/we have been notified of the prerequisite skills, knowledge and physical ability necessary for my/our child to safely participate in the Trip. I/We represent that the student satisfies these prerequisites and will take steps to ensure his/her personal safety. I/We acknowledge that for my/our child's safety, it is my/our child's responsibility to follow instructions, act prudently, exercise good judgment and common sense when participating in the Travel.

2. Assumption of Risks. I/We expressly acknowledge and agree that participation in the Travel potentially involves various unknown risks, hazards, dangers and obligations that are impossible to predict, but may include, but not be limited to, the risk of loss or damage to personal property, and the risk of illness and personal injury, including without limitation, bites, slips, burns, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe, potentially life-threatening injuries, up to and including death, , frostbite, hypothermia, drowning, sunburn, disease or psychological trauma. These risks may result from the use of equipment, materials, or facilities owned by the School District or others, the activity itself, travel away from the School District campus, environmental conditions, the acts or omissions of others, or the unavailability of immediate or emergency medical care. By signing below, I/we affirm and acknowledge that I/we have been sufficiently informed of and understand the inherent hazards and risks associated with the Trip and I/we and the student agree to assume all risks associated in any way whatsoever with the student's participation in the Trip, including but not limited to the risks described above. I/We understand that the District may contract with independent contractors to provide services on this trip or activity, including transportation, travel services and guide services. I/We understand that the District has no control over and accepts no responsibility for the actions of any independent contractor involved in providing services on the trip/activity.

3. Release, Waiver, Covenant Not to Sue. I/We hereby release the School District, its directors, officers, board members, agents, employees and volunteers ("Released Parties") from and against all claims, causes of action, damages, demands, liability, loss or expenses of any kind whatsoever that my/our child may suffer as a result of, but not limited to, my/our child's participation in the Travel and (a) equipment provided by the School District or third parties; (b) instruction or supervision; (c) injury or loss sustained while in the facility or surrounding premises; or (d) acts or omissions of School District personnel or authorized staff in association the Travel. I/We further waive any and all claims whether known or unknown, now existing or arising at any time in the future that I/we have myself/ourselves or on my/our child's behalf against the Released Parties arising directly or indirectly from student's participation in the Travel. I/We agree not to institute any suit or action at law or in equity against the Released Parties in any federal, state or local court, agency or other tribunal based on the student's participation in the Travel.

4. Indemnity. I/We hereby indemnify, defend, and hold harmless the Released Parties from and against any and all claims, liabilities, damages, loss, actions, causes of action, or expenses, including attorney fees, as a result of any claim brought against the Released Parties by anyone relating in any way to my/our child's acts or omissions or as a result of injury or loss sustained by my/our child while participating in the Trip or any financial or other obligation incurred by me/my child during the Travel, including without limitation obligations or liabilities incurred in any country in which the Travel is conducted.

5. Health and Medical Insurance. I/We represent that the student has no medical or health-related problems that would preclude or restrict his/her participation in the Travel. I/We acknowledge that I/we have been advised to consult with a doctor if I/we have concerns about the student's ability to participate in the Travel. I/We acknowledge that the School District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while participating in the Travel. I/We understand that I/we am/are solely responsible for any and all costs of medical treatment or emergency transportation to a medical treatment facility required by the student as a result of my/our child's participation in the Travel. I/We acknowledge that the School District does not assume any responsibility and has no obligation to provide financial assistance or other assistance, including medical insurance, to student in the event of injury. I/We represent that I/we have health insurance for the student and that I/we submitted a copy of the policy to the Travel Coordinator.

6. Consent for Emergency Treatment. I/We give my/our consent for student to receive emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider should my/our child's condition require it in my/our absence. I/We further give my/our consent for any School District personnel or authorized chaperone to admit my/our child to a medical facility for purposes of emergency medical and surgical treatment. I/We understand that in such a case, reasonable attempts would first be made to contact me/us at the contact information provided below, time and conditions permitting. In furtherance of my intentions stated in this paragraph, I/we have executed a Power of Attorney form for the purposes of granting temporary guardianship of my/our child to the School District for the period of the Travel. I/We further give my/our consent for any School District personnel or authorized chaperone to provide basic first aid services to my/our child in the event of minor, non-life or -limb threatening injury.

7. Compliance with School District Policies. I/We and the student further acknowledge and agree that the student must follow the School District's discipline code, policies, and rules and regulations set by the teacher and/or chaperones of the Travel and that failure to follow the code, policies, and rules and regulations may subject the student to discipline as set forth in the School District's discipline code and policies. If the student fails to abide by the School District's discipline code and/or teacher/chaperone rules during the Travel or in performing the activities of the Travel, it may

become necessary to discontinue the student's participation in the Travel. In such case, I/we acknowledge that I/we may be responsible for arranging for the student's return travel.

8. Reservation of Rights. The District reserves the right to alert or change the itinerary; to adjust program costs to reflect changes in exchange rates, in fuel costs, or in extraordinary inflation; or to cancel the Trip with or without cause.

9. Binding Effect. This Release shall be effective and binding upon me/us and my/our heirs, successors, assigns, executors and personal representatives.

10. General Provisions. This Release shall be governed by and construed in accordance with the laws of Colorado. Venue for any legal action concerning this Release shall be in Colorado. If any term or provision of this Release is held illegal or unenforceable, all remaining provisions of this Release shall remain in full force and effect. I/We are not relying on any oral or written representation, statement, or promise other than what is set forth in this Release. This Release shall apply, and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary.

11. Acknowledgment. I/We have carefully and thoroughly read this Permission, Release, and Assumption of Risk Agreement and fully understand that it is a release of all liability and a waiver of any right that I/we or my/our heirs, next of kin, executors, administrators, and assigns may have on behalf of myself/ourselves and/or my/our child/ward to bring legal action or assert claim for injury or loss of any kind against the School District. If any attempt for claim is made, I/we understand I/we will be responsible for all defense costs incurred by the School District. I/We have had sufficient opportunity to read the above, to consult with an attorney to the extent I/we have deemed it necessary, been given the opportunity to ask questions, consider its effects, understand this entire document, and agree to be bound by its terms. I/We sign this knowingly and voluntarily and of my/our own free will.

STUDENT:

Signature

Date: _____

PARENT/GUARDIAN:

Signature
Phone: _____

Date: _____

Email: _____

PARENT/GUARDIAN:

Signature
Phone: _____

Date: _____

Email: _____