

**Participation in this Program is Voluntary**

**Form G1**

**Lincoln Unified School District**

**Parent/Guardian Consent for Participation  
In a Community Service or Project**

Student Name \_\_\_\_\_

I give the above named student permission to: (Circle One) **drive a car, walk, bicycle,**  
**other,**  
to the below activity:

School person in charge \_\_\_\_\_

Community service supervisor at site: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Activity to be held at \_\_\_\_\_

Activity will be held on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

I hereby give my permission for my student to participate in the above-described activity and I hereby release and discharge the Lincoln Unified School District from all liability arising out of or in connection with the above described activity. I understand my student may come in contact with individuals on who are not District employees and for whom the District has not received criminal history clearance.

*California Education Code Section 35330 provides in part: All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursions.*

It is the intention of (name of child) \_\_\_\_\_ and \_\_\_\_\_ the undersigned by this instrument, to exempt and relieve the Lincoln Unified School District from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for named child, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Lincoln Unified School District he/she shall indemnify and save harmless the same Lincoln Unified School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

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In the event of illness or injury, I consent to whatever medical and/or hospital treatment is considered necessary in the best judgment of the attending medical care provider(s). I acknowledge that pursuant to Education Code 35330 and District policy, it is my responsibility to pay any costs incurred for such medical treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_