



## **EXTRA-CURRICULAR ACTIVITY & ATHLETIC TRAVEL WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

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I hereby acknowledge that I am the lawful parent or legal guardian of \_\_\_\_\_ (student), who will be participating in a variety of Washoe County School District (District) extra-curricular activities and athletic events and competitions during the \_\_\_\_\_ school year, as further detailed in the attached proposed schedule. For any non-scheduled and non-NIAA sanctioned sporting events, I understand I will receive advance notice of each activity, along with the mode of transportation to/from the activity and will be given an opportunity to decline my child's participation in said activity.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my student as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the District and assume all risk associated with participating in the athletic events.

I understand that travel to and from the athletic events can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my student has no ailment or organic defect that would make participation in the sporting activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my student cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my student.

I understand it is my responsibility to carry and maintain medical insurance for my student. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my student to participate in the athletic events described in the attached schedule of events.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature



**STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION & WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

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I hereby acknowledge that I am the lawful parent or legal guardian of (student name) \_\_\_\_\_ . On (date) \_\_\_\_\_, (school/dept/class) \_\_\_\_\_ will be participating in a field/activity trip to \_\_\_\_\_.

Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) \_\_\_\_\_.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

Student Full Legal Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:    \_\_\_ Female    \_\_\_ Male

**Medical Treatment Information for Medical Treatment**

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

- I hereby **consent** to allow my child/ward (name), \_\_\_\_\_, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

**OR**

- I hereby **decline** to allow my child/ward (name), \_\_\_\_\_, to participate in this field/activity trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature



Administrative Form 5311

**STUDENT AND PARENT/GUARDIAN FIELD/ACTIVITY TRIP  
RULES AND AGREEMENT FORM**

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(Please Print)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

Trip Location \_\_\_\_\_ City \_\_\_\_\_

Date(s) \_\_\_\_\_

To help ensure a successful trip, students shall adhere to the following guidelines of the Washoe County School District (District). These expectations are not intended to prevent enjoyment of the trip, but are designed to ensure the safety and well-being of all individuals on the trip.

**In General:** All rules and regulations of the District will apply.

1. Students will be considerate and respectful to all adults and to each other at all times.
2. Students are reminded of their responsibility to adhere to conduct which conforms to the accepted principles of right and wrong behavior and which is not contrary to the moral standards of the community. This includes any inappropriate, suggestive, or explicit sexual behavior.
3. Students will report any moral or behavioral infractions to the administrator or advisor in charge of the trip immediately.
4. Students will make suitcases, bags, purses/pockets available for inspection prior to departure. Parents are welcome to be in attendance during this procedure. Students will make suitcases, bags, purses/pockets available for inspection during or at the conclusion of the trip is requested by an administrator or advisor.

**Specific Guidelines:**

1. There is to be no use, possession, or sale of and/or association with alcoholic beverages or substances represented to be alcohol; controlled or illegal substances, to include paraphernalia; and/or tobacco or tobacco products, to include e-cigs.
2. Students will be expected to follow the itinerary, unless changes are announced, and be prepared to adhere to all time restrictions provided by the administrator or advisor.
3. Students are responsible for their own personal belongings and are expected to dress appropriately at all functions.
4. Bus conduct is expected to be within safe and acceptable standards. Clean up your mess. Electronic devices must have headsets.
5. Students will be held directly and financially responsible for any loss or damage during the trip, to an assigned room, the bus, restaurant, etc. Any deliberate damage or damage incurred from horseplay is the responsibility of the student.
6. Students must observe all civil laws and regulations (United States and foreign). Apprehension by law enforcement agencies leading to a substantiated charge will not be the responsibility of the District. Students may also be subject to discipline under the rules and regulations of the District.
7. If you bring medication, make sure it is noted on your Medical Permission Form. All medication must be in a correctly labeled prescription bottle, including the student's name. If there is a medical condition that requires special attention, list it on the form and make certain an administrator and/or advisor knows of the condition. The school

nurse will provide the trip administrator with a list of students whose medicine must be controlled by the administrator.

**Hotel Rooms:**

1. Room assignments will be made in advance and are not subject to change unless approved by the administrator or advisor.
2. Joint female/male room occupancy is prohibited **at all times**.
3. All rooms are to be checked, prior to occupancy, and all damage reported to the administrator or advisor immediately. Damage to rooms not reported or incurred as a result of occupancy will be the responsibility of the students occupying the room.
4. Students will be provided with the room numbers of all administrators, advisors, and chaperones. Should an emergency occur, students should immediately contact and administrator, advisor or chaperone.
5. Students will be in their assigned rooms at the scheduled curfew hours, and will respond promptly to the room check. Students will remain in their rooms once their rooms have been checked. Stay in your room unless there is an emergency fire alarm or you receive orders from emergency personnel.
6. Do not burn anything in rooms. This includes candles and incense.
7. Students are not allowed to make long distance telephone calls from their rooms. Students should travel with a cell phone or with a phone card.
8. Doors will be taped from the outside at the time your room is checked for the night. Any room found with tape missing or pulled will be referred for disciplinary action. If you have an emergency, call an administrator, advisor, or chaperone. Before opening the door for anyone, ask the person to identify himself. If he is not a District administrator, advisor, or chaperone, do not open the door; call a District administrator, advisor, or chaperone. If the person identifies himself as a member of the hotel staff, refer him to your floor chaperone's room. Do not open the door. If you have called for services from the hotel staff, let your advisor or administrator know.
9. Students are expected to exit their rooms in the case of an emergency fire alarm or orders from emergency personnel.
10. Lights out will be adhered to and students will be expected to use the time for sleeping and rest. Rooms which remain noisy after lights-out will be subject to discipline.

\_\_\_\_\_ Student Initials

\_\_\_\_\_ Parent/Guardian Initials

## MEDIA RELEASE

Performances and rehearsals are sometimes publicized in the media. There is a possibility your child may be photographed, recorded, and/or interviewed and publicly published as part of advertising and promotional materials, as well as event programs. These may appear in newspapers, newsletters, school websites, social media sites, television, radio, and other communications.

I (initial one) \_\_\_\_ give my permission \_\_\_\_ do not give my permission for my student, \_\_\_\_\_, to be recorded, filmed, photographed, interviewed and/or for such recordings, films, photographs and/or interviews to be publicly exhibited, distributed, or published along with my student's name, whether undertaken by District staff, a student (as part of a school-approved project), or the media. I understand that information posted on the internet will be available to anyone and for an unspecified amount of time beyond the current school year. I agree that the District may use, or allow others to use, those works without limitation or compensation. I grant permission for the right to edit, use and reuse such recordings, films, photographs and/or interviews for non-profit purposes including use in print, on the internet, and all other forms of media. I release the Washoe County School District and its agents and employees from all claims, demands, and liabilities whatsoever in connect with the above. By signing below, I verify that I understand the above release.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_