

**KIMBERLY HIGH SCHOOL
OFF CAMPUS & STUDENT TRANSPORT
RELEASE AND INDEMNIFICATION OF LIABILITY**



Occasionally, students may be involved in activities that occur at a location off of school premises proper (i.e., Kimberly High School). Under some circumstances, the District does not provide transportation to such activities. Participation in such activities and the transportation to and from such activities are voluntary. In order for students to participate in such activities, students and their parents are required to complete the following:

Student Name: _____ Birthdate: _____

Student Address: _____

Student Cell Phone: _____

Parent/Legal Guardian: _____

Cell/Home Phone: _____ **Work Phone:** _____

Parent/Legal Guardian: _____

Cell/Home Phone: _____ Work Phone: _____

Teacher's Name: Hagmann / Janota / Kostroski Class: Intro to Photography

Off-Campus Destination: Various Locations

Explanation of Activity: Students may leave campus to go take pictures for class.

This privilege will be revoked if abused

Student is permitted to be transported by: select all that apply

Parent/Legal Guardian

Self

Other Student

Teacher/Staff

Medication Conditions and Other Medical Information:

* Does your child have any health conditions that would prevent him/her from leaving the KHS campus? YES NO

If yes, please indicate: _____

* Is a health form for your child on file and updated in the KHS Health Office? YES NO

If no, please contact KHS Health Office to put one on file.

* Does your student have any allergies? YES NO

If yes, please indicate: _____

I hereby authorize the treatment and administration of anesthesia and surgical treatments for my child in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physicians where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities, and physicians for performing medical procedures, acting on the authority of the medical treatment consent for, which are deemed necessary for my minor child.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ Date: _____

(OVER)

Revised 9/14

KIMBERLY HIGH SCHOOL
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RELEASE AND INDEMNIFICATION OF LIABILITY
(continued)



Student:

I agree to abide by all rules, regulations, and instructions as indicated through communications from Kimberly High School and/or requested by assigned staff during the programs that I will be involved.

I understand and appreciate that there are a number of inherent risks involved in the program described above and the specific activities of which I will be involved. If I choose to participate, I agree to personally assume these risks and take all appropriate care and direction so as to avoid injury to myself and others.

Furthermore, I understand that participation in any and all of the activities described above is strictly voluntary and if I choose not to participate, I may choose, at any later time, to continue participation or not.

Should I have any physical limitation or condition that would limit or restrict my participation in any activity or initiative, it is my responsibility to inform the instructor or facilitator and not participate in that particular activity.

I do hereby claim that I am competent and able, and do freely agree to the above stipulations as conditions of my participation in the above-explained activities.

Student Signature: _____ **Date:** _____

Parent(s)/Legal Guardian:

I certify that my son/daughter named above has my permission to participate in the above-described activity. My child has met all the prerequisites as outlined for participation in this program. I agree that my child will abide by all rules, regulations, and instructions as indicated through communications from Kimberly High School and/or requested by assigned staff during this program.

I understand and appreciate that there are a number of inherent risks involved in the specific activities described above of which my child will be involved. I agree to personally assume these risks and the full responsibility for any and all past, present, or future loss or damage to property and/or bodily injury, including death, however caused, including negligence, resulting from or arising out of or in any way connected with my child's participation in the above described activities.

I understand that participation in any and all of the above-described activities is strictly voluntary and that I may choose, at any time, to have my child participate or not. Should I choose to have my child participate, I agree to release any leader, instructor, facilitator, or employee of the Kimberly High School, its agents, guests, and volunteers, of any liability in the case of injury and/or loss of personal property. I also agree to indemnify and hold harmless any past, present, or future claims, demands, or causes of actions, against Kimberly High School, its staff, or other employees by myself, my child, and/or my participation in the above described activities.

I certify that I am competent and able, and do freely agree to the above stipulations as conditions of my child's participation in the above-described activities. In addition, I understand my right to review this Release with my attorney prior to my signing below.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____