

SWEETWATER UNION HIGH SCHOOL DISTRICT  
PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Need to Complete

Name: \_\_\_\_\_, has my permission to attend Universal Studios Hollywood / City Walk which will take place at Universal Studios Hollywood / City Walk  
(activity/Event)

Date of event: September 10, 2016 Depart time: 7:00am Return time: Sept 11, 2016 12:00am

Class or group attending All Classes Teacher/leader Tsuda / Tornatore / Pente-Lopez / DiSantis

Method of transportation Charter Bus If traveling by automobile, Name of driver/Drivers License # \_\_\_\_\_ D.L. # \_\_\_\_\_

- I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
- I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are  are not \_\_\_\_\_ considered by the district to be of "high risk" to the participants.

Education Code §35330 provides as follows:

"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 excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, **and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war**, except for any claims based upon the fraud, willful injury to person or property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals at no cost. All others must purchase or bring lunch.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

Need to Complete

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

\_\_\_\_\_  
Health Insurance Company

□ □ □ - □ □ □ - □ □ □ □  
Cellular telephone # to contact Parent or Guardian during event

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number