

## OUT-OF-STATE TRAVEL INFORMED CONSENT FORM WCSD RISK MANAGEMENT

This is an informed consent, waiver and release form that identifies the risks of participating in out-of-state travel activities. This form must be completed in order to participate in school district sponsored out-of-state travel.

| be signed by the participating stude   | nt and by their parent/legal guardia  | istrict sponsored out-of-state travel, this document must<br>lian. By signing this document, both the student and the<br>t risks involved by participating in this activity.  |
|--|---|---|
| with the activity's itinerary, that he/s<br>this event. The parent further under<br>disruptive behavior, appropriate act | ored out-of-state travel. I further ac<br>he understands the rules of conduc<br>stands that poor behavior will not b<br>on may be taken by the activity sta<br>th this consent the parent also take | knowledge and understand that injury may result from acknowledge that my child has familiarized him/herself suct, and he/she will obey the volunteers who are facilitative tolerated and should the student engage in poor or saff up to and including contacting the student's parents es responsibility to either pick up their disruptive child, or must be removed from the activity. |
| physical or emotional distress to par  | ticipants, and that there may also b<br>that the student is free from any kn  | oderate to strenuous physical activity that could cause<br>be other associated health risks. By signing this<br>known heart, respiratory or other health problem that   |
| any emergency or other medical car<br>State of Utah, the Washington Coun   | e that the student may recieve in th<br>ry School District, their agencies, de<br>of any medical care that the studer   | erwise agrees to be personally responsible for the costs on<br>the event of an emergency. The parent agrees to release to<br>departments, officers, employees, agents, sponsors, official<br>ent may recieve as a result of participation in district   |
| officers, employees, agents, sponsor<br>warranty, negligence, actions, and co<br>harm of any kind or nature to the stu   | s, officials, and staff or volunteers fr<br>auses of actions whatsoever for any<br>Ident arising out of the student's pa  | County School District, their agencies, departments, from any and all liability, claims, demands, breach of by loss, claim, damage, injury, illness, attorney's fees, or participation in out-of-state travel activities. This release ag from or in any way connected with the aforementione   |
|  | CONSENT   |   |
| Consent is expressly given, in the ev attending physician, such treatment  | ent of injury, for any emergency aid  | d, anesthesia and/or operation if in the opinion of the   |
|  | lace and I have been given the opp  | eting discussing costs, fundraising efforts, detailed travel<br>portunity to attend the meeting. I also give permission fo  |
| The parent/legal guardian has careful for it to cover the student's participa  |   | tents of the foregoing language and specifically intends ate travel.  |
| STUDENT NAME:  | PLEASE PRINT  | DATE:   |
|  |   |   |
| SIGNATURE:   | PLEASE SIGN  (Parent or legal quardian signature if participant is under 18 years old)  |   |