

WHITE RIVER VALLEY SCHOOL CORPORATION

5644 W. State Road 54, P.O. Box 1470
Switz City, IN 47465
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Bob Hacker, Interim Superintendent
Jayne Kaho, Corporation Treasurer
Kim Downey, Secretary/Dep. Treasurer/Payroll

Board of School Trustees

Chris Cornelius
Jason Davidson
Andy Davis
David Reed
Joe Decker
Roger Shake
Brock Hostetter

FIELD TRIP FORM

ASSUMPTION OF RISK, WAIVER, RELEASE, INDEMNITY, HOLD HARMLESS, AND COVENANT NOT TO SUE

Based upon the consideration of White River Valley School Corporation permitting the undersigned student to participate in the indicated activity or activities, we, the undersigned persons make the following statements of our own free will:

1. We, the undersigned parent(s)/guardian(s)/custodian(s) and the student fully understand the risks and dangers involved, including physical injury and even death, by the participation of Student _____ in a field trip to _____.

child's name

site of activity(ies)

2. I understand that my child or ward will leave on _____.

date and time

and will travel by _____, and is expected to return on _____.

date and time

3. We, the undersigned, agree and promise with full understanding of the risks involved to voluntarily and completely relieve, release, indemnify, hold harmless, covenant not to sue, White River Valley School Corporation, its Board Members, administrators, coaches, or other employees or agents, for any and all injury caused by the negligence of the aforementioned entity or persons due to any accidents or mishaps that may occur during participation in any and all such activities, including additional activities that may not be stated above, as well as from any and all injuries or damages from such participation of any sort whether based in tort (personal injury or negligence), contract, or other legal theory.

4. The undersigned parent(s)/guardian(s)/custodian(s) on behalf of the undersigned student participant further agree(s) and promise that neither said parents or guardians, nor the student participant, will ever sue the White River Valley School Corporation, its Board Members, administrators, coaches, or other employees for any injuries, damages, or negligence arising from the above-indicated participation in said activity or activities.

We, the undersigned, have read and understood the contents of this document and what we have agreed to.

Signature of student

Date of signature

*Signature of parent or guardian

Emergency Contact Number

date

*Signature of second parent or guardian

Emergency Contact Number

date

The sponsors and/or chaperones for this extracurricular field trip are:

Name and position

Emergency Contact and Number

Name and position

Emergency Contact and Number

Name and position

Emergency Contact and Number

Name and position

Emergency Contact and Number

*It is warranted that if this FORM is signed by one of two parents or guardians, it is with the authority of the other.