

**ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE  
Field Trip /Activity Permission Form**

As a parent /guardian of a student requesting to voluntarily participate in a school field trip or activity, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for **NAME:** \_\_\_\_\_

who attends (school): **HENDERSON BAY HIGH SCHOOL**

to participate in a field trip/activity on (date): **November 15, 2017, 8:45 am to 11:30 am**  
for the purpose of (activity): **Explore the Estuary with Harbor WildWatch**  
Itinerary: **Donkey Creek Park, Gig Harbor, WA**

Special Items needed for Trip: **Appropriate Outdoor Clothes and Boots**

Cost of trip: **No Cost**

- 1. This will be a chance to see the fish and other animals that inhabit Puget Sound and the streams in our area. You will also learn about water quality and environmental safeguards to protect these wonderful habitats.**
- 2. Students need to wear appropriate outdoor clothing. We may be walking in water and mud.**
- 3. We will return to Henderson Bay for lunch.**
- 4. Final decision on eligibility for this field trip is at the discretion of the HBHS principal.**
- 5. This HBHS Permission Slip and the Habitat Waiver are due by Mon., November 13, 2017.**

Transportation for this activity will be provided by:

- District bus/vehicle  
 Private vehicle: Staff/volunteer/parents transporting students  
 District not providing transportation. Parents make own transportation arrangements  
 Other (e.g. - walk, metro bus)

Student's address: \_\_\_\_\_ City \_\_\_\_\_

Student's home phone # \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone #: \_\_\_\_\_

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

\_\_\_\_\_  
Signature of parent/guardian                      Date                      Work phone                      Home phone

**HENDERSON BAY HIGH SCHOOL**                      Principal \_\_\_\_\_ Date \_\_\_\_\_  
**8402 SKANSIE AVENUE**  
**GIG HARBOR, WA 98335**                      \*Instructor \_\_\_\_\_ Date \_\_\_\_\_  
**TELEPHONE 530-1700**

**\*Staff coordinating trip to verify all volunteers have prior WA State Patrol clearance on file.**

## 2017 Field Trip Liability Waiver

By signing this agreement/liability waiver, I agree to indemnify and hold the landowners, Harbor WildWatch, its staff, contractors, other volunteers, and any other third party for whom is involved, harmless from and against any liability, claim, injury, or costs arising from or resulting from this field trip. Furthermore, I acknowledge that there are potential hazards associated with Harbor WildWatch activities and I agree that I/my child will exercise common sense and follow all safety precautions to avoid accident and injury.

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

## Photo, Press, Audio, & Electronic Media Release

I, \_\_\_\_\_, hereby consent that the photographs and/or motion picture or videotape for which I/my child posed, and/or audio recordings made of my/his/her voice may be used by Harbor WildWatch its assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Harbor WildWatch, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, files, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_