

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF CAMPUS SCHOOL SPONSORED EVENTS

Student Name _____ has my permission to take part in the following field trips:

- | | | | |
|--------|--|------------|--|
| 1. To | <u>Drake Mt Bike Team Race 1 - Fort Ord</u> | On date(s) | <u>Feb 25-26, 2017</u> |
| 2. To | <u>Drake MTB Race 2 - Laguna Seca (Monterey)</u> | On date(s) | <u>Mar 11-12, 2017</u> |
| 3. To | <u>Drake MTB Race 3 - Toro Park (Salinas)</u> | On date(s) | <u>Mar 25-26, 2017</u> |
| 4. To | <u>Drake MTB Race 4 - Granite Bay (Folsom Lake Rec Area)</u> | On date(s) | <u>Apr 7-8, 2017; early release Apr 7, noon</u> |
| 5. To | <u>Drake MTB Race 5 - Six Sigma Ranch (Lower Lake, CA)</u> | On date(s) | <u>Apr 28-29, 2017; early release Apr 28, noon</u> |
| 6. To: | <u>Drake MTB Race 6 - 5 Springs Ranch (Petaluma)</u> | On date(s) | <u>May 13-14, 2017</u> |

Sponsored by Drake Mountain Bike Team Staff Member in charge Coaches: Otis Guy, Rob Reed

Transportation: ☐ contract bus ☒ automobile ☐ Other _____

If automobile, driver is: ☐ employee ☐ adult ☐ student

Name of driver: _____

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member, and/or adult volunteers. 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.

→ Health Insurance Carrier covering the named student _____

→ I.D./Policy Number _____

→ Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self administer: _____

→ ☐ My son/daughter has **no** special health needs nor any special medication.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

→ I understand that this trip ☐ does / ☐ does not involve swimming or wading activities.

→ My son/daughter ☐ cannot swim ☐ weak swimmer ☐ average swimmer ☐ strong swimmer.

→ I ☐ do / ☐ do not give permission for my son/daughter to participate in swim activities.

I fully understand that participants are to abide by all District policies and regulations governing conduct during the trip.

→ I hereby acknowledge that I have been advised that the activities involved in this field trip ☐ are / ☐ are not considered by the District to be of "high risk" to the participants.

I grant permission for my son/daughter to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my son/daughter's participation in this activity.

* Parent/Guardian Signature _____ Date _____

* Home Phone _____ Work Phone _____