

CULVER CITY UNIFIED SCHOOL DISTRICT
4034 Irving Place, Culver City, CA 90232

Medical Treatment Authorization
Waiver, Release, and Indemnify Agreement
For Participation in the Voluntary Excursion/Field Trip - Minor

Date: January 8, 2018

Student's Name: hereby requests participation in the following field trip:
(please print)

Destination and Description of Activity: AVPA "Fun-a-thon" at Mulligan's Family Fun Center - 1351 Sepulveda Blvd, Torrance, CA 90501

Date of activity: Sunday, January 21, 2018 Time: 11am-2pm

Sponsor in Charge: Dr. Spano, Ms. Hatanaka, Ms. Reyes, Ms. Opstad, Ms. Zee Position: AVPA Teachers

Type of Transportation: Participant will use transportation provided by CCUSD.
X Participant will accept responsibility for arranging his/her own transportation.

Health or special needs: Check as appropriate:

Table with 2 columns: Health or special needs, and a checkbox area. Rows include: Participant has no special health needs..., Participant has a special need..., and Other:.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

For and in consideration of permitting the above-named child to participate in the activity described above, I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, bodily injury, property damage, or wrongful death occurring to the above-named child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, executors, administrators and assigns and the above-named child and his/her heirs, executors, administrators, and assigns, hereby release, waive, discharge and hold harmless the Culver City Unified School District ("District"), its officers, agents, servants, or employees (hereinafter collectively "District and District Personnel") from any action or causes of action, aforesaid, which may hereafter arise for myself and my estate and for the above-named child and his/her estate, and agree that under no circumstances will I, my executors, administrators, and assigns or the above-named child, or his/her heirs, executors, administrators and assigns, prosecute or present any claim for personal injury, bodily injury, property damage or wrongful death against District and/or district Personnel of any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise. Further, I shall indemnify and defend District and District Personnel against any such claims for personal injury, bodily injury, property damage, or wrongful death arising in any way whatsoever as a result of the above-named child's engaging in the above-described voluntary activity or any activities incidental thereto.

California Education Code Section 35330 provides, in pertinent part, 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.

I have read and understand Education Code Section 35330. I further understand that I hold harmless the District and District Personnel from any and all liability or claims that may arise out of or in connection with my child's participation in this activity.

I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage for students who provide their own transportation or provide transportation to other individuals in connection with an excursion/field trip activity.

Parent/Guardian Signature Student Signature Date

Parent/Guardian Name (Please print) Name of Child (Please Print) Date

Family Medical Insurance Carrier: Policy #: Child's date of birth
(e.g., Blue Cross)

In the event of an emergency, please contact:

Name (Relationship) Work telephone: Home telephone: