Clairemont High School Foundation

Statement of Acknowledgement and Student Participation Consent

for CHSF Sponsored Event, Field Trip, or Multiple-Day Activity

I, the undersigned, am the parent/guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A student enrolled in San Diego Unified School District, request and give permission to have my son/daughter, named above, participate in a Clairemont High School Foundation (CHSF) sponsored event:

Destination/Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that participation in this activity/event/trip is entirely voluntary, and that no financial expectation is made regarding this trip. Any donations made to the CHSF, are being made voluntarily and are not necessary to participate in the above-mentioned activity/event/trip. The CHSF may use these funds to support their ongoing efforts, including, but not limited to, the cost of activities/events/trips, transportation, food, lodging, and such insurance as may be required by the San Diego Unified School District, CHSF, or event coordinator.

I understand that any travel arrangements made through a travel agency are the responsibility of that agency alone.

I am aware of the provisions of the California Education Code Section 35330, which states, in part, that “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. . . “

Additionally, I waive all claims, against the Clairemont High School Foundation for same such possible events.

I further agree that in the event, in the opinion of a duly authorized representative of the San Diego Unified School District, it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without my further consent. I personally assume responsibility for any costs of such care not covered by insurance.

Executed in the city of San Diego, County of San Diego, State of California, on

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt for Donation to Clairemont High School Foundation (Please keep for your records)

Date of Donation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Donation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for Donation Use (Activity/Event/Trip):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10/2017