

STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE *

Student Name: _____ School: _____
 Activity (if for sport season name sport): NAS XC Invitational Race @ Tsalteshi Trails Field Trip: _____
 Date(s) of trip: 9-16-23 Sport Season (if applicable): Elementary Cross Country

To the maximum extent allowed by law, I agree to hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries (up to and including death), accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in the above named activity on the above named field trip except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the District provides limited secondary student accident insurance coverage for travel within the US and Canada (overseas insurance may be purchased separately) and no liability insurance that would cover a student's actions. I understand that the District's insurance is effective only when my student is immediately and directly supervised. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. Due to the fact that the secondary coverage provided by the District is not effective outside of the US and Canada, parents of students going on these trips outside the US will be required to provide proof of insurance. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity.

I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity, OR

I will be transporting my own child (only) via my own auto, airplane, _____ and understand that I alone will be liable for my own personal insurance and any subsequent expenses for the transport of my child. I understand that transporting my own child does not qualify me to attend or chaperone the field trip. Chaperones are required to complete *E 6153(h) Chaperone/Volunteer Indemnification Statement* and a background check is also required.

I understand that all District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expenses. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

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Please complete both sides of this form (required).

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Continued

I understand this waiver is voluntary, and I fully understand the potential risks.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are attached.

Additional information is available through Colby Way (trip organizer's name) at phone: and school: 907-776-2610.

_____ Parent or Guardian Printed Name	_____ Parent or Guardian Phone Numbers
_____ Parent or Guardian Signature	_____ Date
_____ Additional Contact Name (Emergency)	_____ Emergency Contact Phone Numbers

* This form is to be completed for each field trip or single event; form is to be completed once for each specific sports season

Original – Principal, Copy – Parent, Copy – Coach/Sponsor

Revised 2-11-2019

CONCUSSION INFORMATION

PARENT AND STUDENT VERIFICATION

In accordance with AS 14.30.142, the School District requires that each athlete, and each minor athlete's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide.

Parents and Students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities director.

For more information go to: <http://asaa.org/resources/sports-medicine/>

Student Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

Student Signature

Print Name

Date

Parent/Guardian/Eligible Student Acknowledgement (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

Parent/Guardian/Eligible Student Signature

Print Name

Date

Please sign if you agree to pick your student(s) by **5:00p.m.** after every practice -- **If more than 3 late pick-ups your student will not be eligible to participate in the remainder of season.** If you will not be the one to pick up your student, please be sure to let the coaches AND front office know.

My student is : _____.

Parent signature

Contact number(s)

Persons who may pick up my child

Contact number(s)

Persons who may pick up my child

Contact number(s)

Persons who may pick up my child

Contact number(s)

Persons who may pick up my child

Contact number(s)



