KAMIAK HIGH SCHOOL PERFORMING ARTS BOOSTERS
band-choir-dance-drama-guard-jazz-orchestra

Kamiak Performing Arts Boosters
TRIP PERMISSION SLIP
ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a Kamiak Show Band Camp I hereby acknowledge that I have read, understood and agreed to the following: PRINT PLEASE

I hereby give my permission for _____, who performs with Kamiak Show Band
(Student's name as shown on student ID) (Group)
to participate in a field trip on August 15 – 19, 2011 for the purpose of Band Camp.
(Date) (Activity)

Transportation for this activity will be provided by:
[X] Chartered Vehicle [] Private Vehicle [] Commercial Airlines [] Other:_____

Student's address: _____ City _____

Student's/parent home phone # _____ Student Date of birth: _____
In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Contact name during trip_____ Phone_____Location during trip_____

Family Physician_____phone #_____
Medical conditions, medication information or allergies KPAB should be made aware of::
_____

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 (other than noted above or on the KPAB Extended Trip Health Questionnaire).

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 Kamiak Performing Arts Boosters (KPAB), volunteers and/or MSD staff to obtain emergency care for my student, neither s/he nor the KPAB 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

Extended Trip Information. I have read the itinerary (detailing dates, places of lodging, events, etc.) and understand that the KPAB will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. KPAB has a general insurance policy that may specifically exclude coverage for injuries occurring during the course of this specific activity. For this particular activity of described above. These coverage exclusions include, without limitation; 1) Private transportation to/from event; INITIAL_____

Consent to Participate/Assumption of Risk, Release from Liability. By signing below, I acknowledge that I am fully aware of the risks associated with these activities, have had sufficient opportunity to inquire with KPAB representatives regarding these activities, and specifically CONSENT to my child participating I this event and ASSUME the RISK of such participation. I agree to RELEASE from LIABILITY, INEMNIFY and HOLD HARMLESS the Kamiak Performing Arts Boosters, its officers, board members, directors, and volunteers from any and all claims and/or cause of action arising out of and related to any injury, loss, payments, and damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation In the activity/event. INITIALS_____

_____	_____	_____	_____
Signature of parent/guardian	**Date**	**Work phone**	**Home phone**