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**Waiver and Release of Claims for**

**Participation in Out of State, Out of Country, Overnight Field Trip**

**Advisors and Chaperones**

Name of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned expressly agrees and understands that s/he is participating in the activity named above, including travel, performances, sightseeing, and all associated activities. The undersigned recognizes that foreign travel opportunities have a degree of inherent risk. The undersigned also understand these risks may include injuries and/or illness sustained while traveling (including travel via air, train, bus, taxi, or other mode) during the student’s participation in the activity. The undersigned understands the possibility of serious injury or illness may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions and rules related to the activity, and the undersigned agrees to obey such instructions and rules.

The undersigned further agrees to hold the School District of New Berlin, the Board of Education, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned’s participation in the activity. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned’s participation in such activities.

 I understand that since the School District of New Berlin does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury or illness result from participation in these activities. I understand that in the event this travel activity is cancelled by the school district, in its sole discretion, or any other agency, state, federal or local, the District will not reimburse any amounts paid to the District or the District’s selected vendor, regardless of the circumstances for the cancellation. I hereby agree to hold the School District of New Berlin, the Board of Education, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

**I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.**

Signature of Adviser/Chaperone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Adviser/Chaperone (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Adviser/Chaperone Health Information**

Adviser/Chaperone Name

Date of Birth

Address

City, state and Zip Code

Home Phone Work Phone

Cell Phone Other Phone

**Does you have** (Circle all that apply)**?**

 Asthma Allergies Diabetes Seizures Other (specify)

Are you allergic to (circle all that apply, and explain below)?

 Food Medication Stings / Bees Other

Explain

**Do you have a condition that requires medication?** YES NO

If yes, explain

Name of medication

Directions and usage

**Should you be under any restrictions of activity** (circle one)**?** YES NO

If yes, explain

**Last tetanus immunization**

**Explain dietary restrictions, if any.**

**Insurance Company Name**

Policy Number Subscriber Number

Emergency Contact Information

Name Phone

Disclosure statement: I understand that it may be necessary to share the information on this form with other school and field trip personnel to ensure my health and safety and the proper administration of any medication. This information also may be shared with emergency medical staff in the event of a health or safety emergency necessitating transport to a medical facility.

Signature Date