**FIELD TRIP PERMISSION SLIP AND WAIVER**

I recognize and understand that the field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has inherent risks, including the potential loss of personal property and the risk of physical injury or death. I also understand that these risks will exist even with careful planning and reasonable supervision. Knowing the inherent risks and dangers involved, I am granting permission for my child to attend and participate in the school sponsored field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby voluntarily waive, release, and forever discharge the District, its board members, officers, directors, employees, agents, and representatives from any and all liability, actions, claims, and demands for personal injury, death, or property loss arising out of or relating to the trip. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, and representatives, unless they engage in gross negligence or willful and wanton misconduct that directly causes harm to my child. This waiver shall be governed by Minnesota law.

I agree there is an adequate and reasonable level of supervision. I hereby waive any right to bring any claim or cause of action against the District for negligent supervision, unless a District employee, agent, or volunteer on the trip engages in gross negligence or willful misconduct that directly causes harm to my child. I also represent that my child is capable of safely participating in the trip.

I also hereby agree to hold the District, its board members, officers, directors, employees, agents, and representatives harmless from any and all claims, demands, or liabilities for injury, death, or loss of property arising out of or relating to my child’s participation in the trip.

I understand that my child may be sent home early from the trip, at my expense, if my child engages in any behavior that threatens the health or safety of any person, or violates any law or rule of conduct including, but not limited to, any rule prohibiting the possession, use, or distribution of drugs, alcohol, or tobacco. District staff will determine whether my child has engaged in such behavior and whether my child will be sent home early at my expense.

**i have read this document carefully. by signing below, i knowingly and voluntarily accept the terms and conditions stated above. i intend to be legally bound by those terms and conditions. if i have any questions, i will obtain satisfactory answers before signing below.**

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

Parent/Guardian Date

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6th Grade Trip Contract of Good Conduct

 , has permission to participate in the 6th grade

 (Student’s name)

History & Science Tour to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My child & I will sign a “Contract of Good Conduct”, which states that my child promises to follow all rules and regulations on this trip or it is my responsibility to pick up my child in the Twin Cities if so contacted.

I, , have received a copy of the rules set

 (student’s name)

by the committee for the 6th grade trip. I understand that I represent Franklin Middle School and Thief River Falls and will be on my best behavior. I will listen and follow the directions given by chaperones, teachers, bus drivers and tour guides. I will be respectful of all the people I meet, all the places we visit and everyone participating on the trip with me.

Student’s Signature Parent/Guardian’s Signature

\*\*\*PLEASE RETURN SIGNED FORM TO KARIN PERKOVICH, FMS VOLUNTEER COORDINATOR\*\*\*