

Section 1: Trip Information (completed by teacher, advisor or coach)

SCHOOL Southridge HS	DESTINATION International Thespian Festival Bloomington, IN	DEPARTURE DATE 6-19-2022	DEPARTURE TIME TBD	RETURN DATE 6-25-2022	RETURN TIME TBD
DESCRIPTION OF TRIP Participate and compete at International level in Thespians		SUPERVISING STAFF NAME J. Fewer		SCHOOL PHONE NUMBER 971-940-9126	
TRANSPORTATION METHOD (mark all that apply) <input type="checkbox"/> Light Rail <input type="checkbox"/> Train <input checked="" type="checkbox"/> Rental <input checked="" type="checkbox"/> Commercial Airline <input type="checkbox"/> Charter Bus (carrier name) _____ <input checked="" type="checkbox"/> Other Express Shuttles or Car Rental Pending # attending		HOUSING AND FOOD ARRANGEMENTS (IF APPLICABLE) Food in transit on own during layovers. All other food provided onsite at IU in Bloomington, IN as part of fees and registration. Housing is in IU Dormitories as assigned by ITS/EdTA.			

Section 2: Student Emergency and Medical Information (completed by parent or guardian)

STUDENT NAME		STUDENT ID#		STUDENT CELL PHONE	
PARENT/GUARDIAN NAME		HOME TELEPHONE		WORK TELEPHONE	
EMERGENCY CONTACT		EMERGENCY CONTACT RELATIONSHIP		EMERGENCY CONTACT TELEPHONE	
PHYSICIAN	TELEPHONE		PLEASE LIST ANY HEALTH CONDITION OR ALLERGIES (BEE STING, FOOD, MEDICATIONS, ETC.) THE SCHOOL SHOULD BE AWARE OF:		
HEALTH INSURANCE PROVIDER	POLICY NUMBER				

Section 3: Transportation Release

There are some activities that the District will not be providing District Buses to and from events. This section is intended to advise parents and guardians of these circumstances and to have the parents/guardians release the District from all liabilities arising out of students being transported by ways other than a District Bus.

I acknowledge that I have reviewed the following:

- There may be times/occurrences in which my child will be transported by a privately owned transportation company such as rental automobiles, charter buses, commercial airlines, passenger trains, use public transportation such as Tri-Met or Max Light Rail.
- I further agree to defend, release from liability and to indemnify and hold harmless the school district, sponsors, employees, school board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to the transportation of my child. This Release and Indemnity Agreement includes claims based upon negligence.
- I further affirm that I have carefully read and understand this agreement and all of its terms. I understand that it is an **AGREEMENT TO RELEASE AND INDEMNIFY** which will prevent parents or guardians of my child or my child from recovering damages in any event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

Section 4: Permission and Waivers
◆ TRIP PERMISSION

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

◆ IN CASE OF SURGICAL EMERGENCY

I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

NAME OF PARENT OR LEGAL GUARDIAN (PRINT)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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