

Student's Name _____

Teacher Sexton, LeVan, Marror

Portland Public Schools

Parent/Guardian Permission for Student Travel Within the United States

OVERNIGHT AND/OR WILDERNESS TRIP RELEASE OF LIABILITY AND HOLD HARMLESS

Permission is granted for my child to participate in the following activity:

School: Odyssey Program at Hayhurst

Date(s): May 13-15, 2015

Trip: Lewis & Clark Field Study

Department/Class: 345 Cluster Trip Leader: Merry Sexton

Destination: Various sites on Northern Oregon Coast and

Activity: Southern Washington Coast.

Visit sites significant to Lewis + Clark

Expedition including coastal areas + museums.

Other: _____

Mode of Travel: Private Vehicle District Vehicle Non-District Public Transportation (Common Carrier)

Read carefully and understand each detail before signing:

It is the priority of Portland Public Schools (District) to provide educational experiences in which the District can assure the student and parent/guardian a reasonably safe environment. In traveling off District property, parents must first acknowledge potential risks which might be encountered, and approve their student's participation.

SPECIAL WARNING

1. The District's representation and that of its representative(s) is that a quality educational experience will be pursued.
2. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the Trip Leadership.
3. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety. Each participant is urged to be continually on guard for the safety of others in the group and circumstances which impair that safety.
4. Parents must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering their student's maturity and whether their student is able to accept direction and function responsibly and safely as a trip member.
5. The District and Trip Leadership is not responsible for the safety of non-district public transportation, traffic hazard situations, unlawful behavior of strangers and other dangers, and cannot be expected to control student behavior which is contrary to the directions given to student or individuals in the party.
6. The District has purchased an accident and emergency sickness insurance policy for students on field trips. The maximum benefit payable per accident is in excess of any other insurance.

As a parent(s) or legal guardian(s) of _____, or as _____

Name of Student

an emancipated student traveling with the Group, I/we, the undersigned, hereby release and agree to defend and hold harmless Portland Public School District #1J, Multnomah County, Oregon (District), its officers, agents, employees including Trip Leadership and their assigns from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including, but not limited to, the student or other students having failed to properly carry out instructions from the Trip Leadership, but *excepting* those which occur because the Trip Leadership negligently failed to take reasonable steps available to it to protect the student from an immediate substantial hazard actually known to the Trip Leadership. My student's medical information is current and on file at the school.

If it is indicated above that my child is traveling by private vehicle on this field trip, I hereby grant permission for my child to travel by private vehicle. I understand that Portland Public Schools has verified the volunteer parent or staff driver has a valid driver's license and his/her vehicle meets or exceeds the minimum insurance requirements mandated by the State of Oregon.

Please note any medical conditions of which we should be aware.

_____	_____	_____	_____
Parent/Guardian Name	Phone	Emergency Contact Name	Phone

I hereby give Portland Public Schools (or its representative designee) authority to seek emergency medical treatment for my child.

Signature of Parent or Guardian

Date

Signature of Traveling Student

Date

▶ Keep these forms on file at the school for one year. ◀