

## FIELD TRIP PARTICIPATION FORM PARENT PERMISSION AND RELEASE

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from the Avonworth School District. A brief description of the activity follows:

Name of Event: **CCAC West Hills Center & PTC Tour of Programs**

Destination: **CCAC West Hills Center & PTC**

Designated Supervisor of Activity: **Mrs. Nicole Levis**

Date and Time of Departure: **Wednesday, March 2, 2022 @ 9:00 AM**

Date and Anticipated Time of Return: **Wednesday, March 2, 2022 @ 2:00 PM**

Method of Transportation: **School Bus**

Student Cost: **\$0**

Please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participate by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of the agreement of the Avonworth School District to allow my child to participate in the above described outing, and intending to be legally bound hereby, I agree to indemnify and hold harmless the Avonworth School District, its employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on his or her behalf, for the purpose of enforcing a claim for damages because of any injury to my child to the extent the school district, its employees, agents, successors, assigns and legal representatives are immune to such claims under the Political Subdivision Tort Claims Act 42 Pa.C.S.A. § 8541 et al.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to the Avonworth School District or any of its officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/We execute this Hold Harmless and Indemnification Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Emergency phone

**Please return to Mrs. Levis by February 25, 2022.**