

Aurora Public Schools

Parent/Legal Guardian Permission Form for Field Trip Participation

Please return this entire form by: _____

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from APS.

Name of Event: _____ Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____ Time of Arrival at School _____

Method of Transportation: _____ Student Cost: _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

-----**Statement of Consent**-----

I/We, the undersigned Parent/Guardian of _____ (herein Child), hereby give our consent and permission for our child to participate in and attend the above activity

I/we understand that during my child's participation in the activity; he/she may be exposed to risk or possible injury. I/we understand that I/we assume the risk for any injuries or damages resulting from my child's participation in this activity.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the activity, and agree to advise my child to comply with the instructions and directions of the School, agents, volunteers and/or employees as participants in this activity.

I/we, in return for my child's opportunity to participate in the activity do hereby exempt and release Aurora Public Schools, its directors, officers, employees, volunteers and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the activity, whether or not such damage, loss or injury results from the acts or omissions of Aurora Public Schools, its directors, officers, employees, volunteers or agents. I/we understand that if I/we do not sign this Release, then my child will not be permitted to participate in the activity. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s) guardian(s) of the Participant.

I/we further acknowledge that no representations or promises by Aurora Public Schools representatives have been made to induce me to sign this Release. I/we further agree to indemnify, hold harmless and defend Aurora Public Schools, from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted by the Participants participation in the activity which indemnification shall include any costs and attorneys' fees that may be incurred as a result of any claims, causes of action or demands. This release is valid and effective whether the damage, loss or injury is a result of any act or omission on the part of Aurora Public Schools or its agents, volunteers, or employees. I understand that I voluntarily give up my right to sue the above-mentioned parties.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST AURORA PUBLIC SCHOOLS. IF ANY ATTEMPT FOR CLAIM IS MADE, I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL DEFENSE COSTS INCURRED.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS.

Child/Participant _____

Signature of Parent/Legal Guardian _____ Date _____