

PERMISSION TO TRAVEL / RESPONSIBILITY RELEASE / INSURANCE

To be completed fully by the student's parent/guardian:

	_		
Nam			Date of
Stud			Birth:
Hom			
Addr			
Mot	ner		
or		Work	Cell
Guar	dian:	Phone:	Phone:
Father or		Work	
Guardian:		Phone:	Cell Phone:
Nam	e of Student's		
Personal Physician:			Phone:
Nam	e of Student's		
Med	ical Insurance		
Com	pany:		Phone:
Nam	e of		
Policy			I.D.
Hold	er:		Number:
Trav part (I	overall student/family cost. I understand that Cancel For Any Reason (CFAR) insurance is preferred by MSDWT for trip protection, but <u>I am declining to purchase</u> . I will purchase the minimum trip insurance separately and agree to the hold harmless/release waiver below.		
	overall student/family cospreferred by MSDWT for	st. I understand that Cand trip protection, and I agree to the separately and agree to the	cel For Any Reason (CFAR) insurance is co purchase at an additional cost. I will be hold harmless/release waiver below.
	As parent/guardian, I have been provided the option of purchasing travel insurance through the trip sponsor or travel company arranging this trip. My choice is indicated below:		
	I elect to purchase travel insurance at the additional cost of: \$		
	decline the opportunity to pu	irchase travel insurance.	
Signature:		Dat	e:

I, the undersigned,	, do hereby give permission to my student to travel to (Printed Name)		
		sponsor/chaperone	
not to exceed	_days. I have supplied inform	nation which is correct to the best of my knowl	edge. In case
of a medical emergency	during which I cannot be reac	ched, I agree to permit the sponsor/chaperon	e to act in my
behalf and to assume r	esponsibility for resulting em	ergency medical expenses. I understand that	at reasonable
precautions will be ta	ken for the care and super	vision of my child, but, beyond this, will	not hold the
sponsor/chaperone or t	the school district responsible	e. I believe my student to be qualified and in	good health
and in proper physical c	condition to participate in the	activities of this trip. I acknowledge and under	erstand there
are inherent risks assoc	iated with travel which may ir	nclude injury or death. We will assume the ri	isk associated
therewith, whether kno	own or unknown to me at this	s time and by signing this agreement we ack	nowledge we
have been informed of	and we assume such risks.		
I hereby release, waive	e, and covenant not to sue [n	name of school]	or the
-		o, and its agents, representatives and employe	
club or organization		, and its members, and any other event	organizers o
partners from demands	, losses or damages on accour	nt of injury or death incurred as a result of pa	articipation ir
		uch injury or death arises from an accident or	
behalf of [name of school	ool]	, the Metropolitan School District o	f Washingtor
Township, and its	agents, representatives, a	and employees, [name of club or	organization]
	, and its members,	, and any other trip organizers or organization	ons. I furthei
agree that if, despite thi	s release, I, the student, or any	one on the student's behalf makes a claim, I w	vill indemnify
save, and hold harmless	s [name of school]	, the club or organiza	tion, and any
other trip partners from	any litigation expenses, attori	ney fees, loss liability, damage or cost that ma	y incur as the
result of any such claim			
I further agree to the Ad	dditional Terms and Conditions	s (<u>ASSUMPTION OF RISK, WAIVER, IND</u>	<u>EMNITY</u>),
specifically items 1-6 pr	ovided below.		
Parent/Guardian Signat	ure	Date	

ADDITIONAL TERMS AND CONDITIONS

ASSUMPTION OF RISK, WAIVER, INDEMNITY.

- 1. MSDWT and its affiliates make no guarantee, warranty, or representation whatsoever, express or implied, as to the quality, fitness, or safety of the field trip experience and related activities.
- 2. Student and Guardian/Parent (collectively, the "Parties") recognize and acknowledge that there is currently an ongoing public health emergency related to the COVID-19 virus. The Parties understand that while MSDWT has undertaken measures to minimize the risk of COVID transmission, there still remains the general risk of contracting the virus related to student's participation in the camp and activities. The Parties acknowledge that there is no way to eliminate all risk of COVID transmission. The Parties understand that the COVID-19 pandemic presents unique health and safety risks and dangers, known and unknown, inherent and otherwise, that cannot be eliminated and which can cause injury, illness, paralysis or death to the student, their family members, and other third parties.
- 3. The Parties knowingly agree to assume and/or incur all risks of loss, impairment, damage, illness, or injury, including death, whether disclosed or not, that may be sustained or suffered by student at the camp, or any other activity or conduct associated with the camp or MSDWT and caused by or related to the COVID-19 virus, any other virus, illness, disease, action, inaction, or negligence of student, or action, inaction, or negligence of MSDWT or others (the "Event"), and the Parties assume full responsibility for student's participation and attendance at camp as it relates to the health and safety risks and dangers of the COVID-19 virus, or the Event.
- 4. The Parties HEREBY RELEASE, HOLD HARMLESS, and INDEMNIFY MSDWT and any related entities, officers, directors, owners, officials, agents, employees, insurers, and anyone associated in any way with MSDWT ("Released Parties"), from and against any and all claims, demands, actions, causes of action, lawsuits, expenses, losses, and liability (including attorney's fees) arising out of or related to any INJURY, ILLNESS, DISABILITY, OR DEATH student may suffer, or loss or damage to person or property student may incur, as a direct or indirect result of student's participation in the camp and its activates or any other activity or conduct associated with MSDWT and caused by or related to the COVID-19 virus or the EVENT WHETHER ARISING FROM THE NEGLIGENCE OF MSDWT, ANY PARTY CONNECTED TO OR AFFILIATED WITH MSDWT, OR OTHERWISE, to the fullest extent permitted by law.
- 5. The Parties further agree that each of these terms and conditions shall be enforceable independently of any other term and condition herein. Whenever possible, each provision shall be interpreted in such manner as to be effective and valid, under applicable law, but if such provisions shall be prohibited by or invalid under applicable law, such provision shall be void without effecting the validity or enforceability of the remaining provisions herein. The Parties further acknowledge and agree that the law of the State of Indiana will govern the interpretation, validity, and effect of this agreement without regard to the place of execution or place of performance thereof or Indiana's choice of law rules. The Parties further acknowledge and agree that any legal action with respect to this agreement or any injury, disability, or death occurring in whole or in part as a result of student's participating in the camp and related activities shall be venued in the state or federal courts located in Marion County, Indiana.
- 6. EACH OF THE PARTIES REPRESENTS THAT THEY HAVE CAREFULLY READ THIS AFFIRMATION, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND FULLY AGREE WITH THE TERMS AND CONDITIONS HEREIN. STUDENT UNDERSTANDS THIS IS A RELEASE AND WAIVER OF CLAIMS TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW, AND SHALL BE LEGALLY BINDING UPON STUDENT AND THEIR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES.