South Pasadena Unified School District Permission Release

STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student/Volunteer's Name	has permission to participate in the following field trip:
Organization/Group MAR 5th Schoo	
Teacher/Requestor In Charge	Date of Trip 06/04/24 Day TUESday
Destination/Nature of Activity: POOL PARTY	SPHS
Special Instructions	
(e.g., Bring sack lunch)	
TRANSPORTATIO	N BY
Bus Car Walking Volunteer Drive	r Other (Specify)
TIME SCHEDU Departure from Site <u>12:00</u> am/pm Des Departure from Destination <u>2:30</u> am/pm Retu <u>PICK-UP AND DELIVE</u>	tination Arrival <u>2:15</u> am/cm ph/rents plo urn time to Site <u>2:270</u> am/cm C pco l
Pick-Up/School MAR Specific Address 400	S. Marenao, S. Pasadena 91030
Unloading Location SP HS Specific Address	Fremont, S. Pasadena 91030
	ood ServiceStudent
Initials:	
I/my child have/has no special health needs the staff should b	e aware of, and no medication is required on the trip.
I/my child have/has special health needs, and instructions are	attached. Number of attached pages:
Other:	
In the event of illness or injury, I do hereby consent to x-ray exam	ination anesthetic medical surgical or dental diagnosis
or treatment and bospital care and emergency transportation con	sidered necessary in the best judgment of the attending
physician, surgeon, or dentist and performed under the supervision facility furnishing medical or dental services.	

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I understand that no student will be denied access to this trip due to an inability to pay.

As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

SIGNATURES

Parent/Guardian/Chaperone			Work Phone ()
(Signature)		(Please Print)	Home Phone ()
In case of emergency or you can not be reached_			Work Phone ()
	(Please Print)	(Relationship)	Home Phone ()
Student's				
(Signature)	(Stud	ent's Date of Birth)		
Family Medical Insurance Carrier		Policy Nur	nber:	
(e.g., E	a.g., Blue Cross)			

FORM 3 Rev 12/16/20(



South Pasadena Unified School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Student's Name:		School	Marengo	
Description of Activity:	Promotion Pool Party			
Date(s) of Activity/Program: _	June 4, 2024			

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that this activity is <u>voluntary</u> and is not a mandated requirement of the South Pasadena Unified School District curricular or extra-curricular program. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature	Date	Student's Signature		Date
Parent/Guardian Name (Please Print)		Student's Name (Please P	rint)	
Street Address		City	State	Zip
Home Telephone Number		Work Telephone Number		
	C	Office Use Only =======		
Verified by		Date		
05/22/2012 - sc				



MARENGO ELEMENTARY STUDENT RELEASE & PERMISSION FORM FOR POOL PARTY

STUDENT RELEASE

All 5th Grade students will be dismissed from the SPHS pool. Please complete the form below. Your child will **ONLY** be released to persons listed below.

Student's Name:_____

Teacher:_____

I will pick up my child at 2:30pm at the pool. See attached SPHS pool map for directions.

_____ My child will be picked up by _____

_____ My child may walk home after the pool party.

PERMISSION TO SWIM

To ensure the safety of the students, the lifeguards at the high school pool will be giving the students who want to swim in the deep end a swim test. The students will be asked to swim **25 yards of freestyle stroke with ease.** Upon successful completion, the students will be given a wristband that tells the lifeguards they can be in the deep water.

Please initial below what you would like your child to do at the high school pool:

I give permission for my child to take the swim test in order to swim in the deep end.

I do not give permission for my child to take the swim test.

_____ I prefer my child to swim in the shallow end.

Parent Name

Phone Number

Parent Signature

Date

FOR SCHOOL USE ONLY:

Student was released according to signed instruction:

Teacher's Signature