

Identified Risks of Participation

8th Grade Field Trip to DSU - March 25th

This is an Informed Consent Form for Minors, which identifies risks of participating in Vista School's program and a Waiver and Release for parents/guardians.

Injury may result from your participation in Vista School's field trip. You are expected to familiarize yourself with this trip and what is required, rules of conduct for the trip as well as Vista School's policies. You are expected to follow proper operating procedures including safety procedures as outlined by the teacher, plus any directions given by a Vista School employee or chaperone. I acknowledge that I have familiarized myself with this field trip and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by a Vista School employee or chaperone.

The undersigned, the legal guardian of _____
(hereinafter "student") a student at Vista School under eighteen years of age, in consideration of student's participation in a field trip do hereby agree to this waiver and release.

I recognize that participation in this field trip may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that the student is free from any known heart, respiratory or other health problems that could prevent the student from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that student receives. I agree to release State of Utah, Vista School and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that student receives as a result of participation in this field trip.

I further agree to release the State of Utah, Vista School, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of student's participation in this field trip. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

Turn page over for signatures

CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover student's participation in the above stated field trip.

Student's Name: _____

Date: _____

Parent/Legal Guardian Name (Please Print) _____

Parent/Legal Guardian Signature _____

Uniform Information:

Vista Uniform

Medical Information:

My student has no medical concerns

Please be aware of the following medical concerns: _____

Lunch Information:

I will bring lunch from home

I will order a sack lunch from Vista School. **Choose one:**

Deli Sandwich

Grape Uncrustable

Strawberry Uncrustable

8th Grade Field Trip to tour DSU

Wednesday, March 25th

Permission slips need to be turned in **before**

Monday, March 23rd @ 3:30 pm in order to attend