

TRANSPORTATION FORM

Please list the names of individuals approved to pick up this student if you are not available or in the case of an emergency evacuation:

Please list the names of individuals not authorized to pick up this student at any time:

ACTIVITY PARTICIPATION AGREEMENT

This agreement covers all school activities; however, individual permission slips with specific details will still be provided for class trips.

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____ Policy or Group Number: _____

In consideration for the opportunity to participate in any school activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, unless such injury arises out of the gross negligence of the Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ Date: _____