

**SIERRA VISTA PUBLIC UNIFIED SCHOOL DISTRICT #68
3555 FRY BLVD., SIERRA VISTA 85635**

PERMISSION TO PARTICIPATE IN FIELD TRIPS

CHUN/DESPAIN/DUERK

STUDENT'S NAME	GRADE	TEACHER
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This permission form has been signed only after understanding and considering the following:

1. **TRIP PLANNED:** (Date, Time, Destination) FY08 MUSIC DEPARTMENT ACTIVITIES
(ie: football games, regionals, run-out concerts, parades, special events)

2. **PURPOSE:** General field trip permit. Overnight activites will require separate permission.

3. **SUPERVISION:** Chun/DeSpain/Duerk

4. **TRANSPORTATION:** SVPS

5. **REQUIREMENTS:** BAND HEATH PACKET ON FILE

6. **EXPECTATIONS AND INSTRUCTIONS:** I understand that the students has been instructed and is expected:

- a. To do exactly what he/she is instructed to do by the teacher (s) or chaperons; (and)
- b. ALL SCHOOL POLICIES SHALL BE IN EFFECT.

7. **INSURANCE:** I understand that Sierra Vista Unified School District does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the district's student insurance plan or through my own insurance carrier.

I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor (s) taking, arranging for or consenting to the procedures or treatment in his/her discretion.

release and waive, and further agree to indemnify, hold harmless or reimburse the Sierra Vista Unified District, the individual members, agents, employees, and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature	Date
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Home Address	Home Phone	Date
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