

EXHIBIT A

INDEPENDENCE 30 SCHOOL DISTRICT
OVERNIGHT ACTIVITY PERMISSION, CONSENT AND RELEASE

The [SCHOOL OR PROGRAM] will be taking an overnight trip to _____ on
_____. (Note: If the school program will take multiple overnight trips in any given school year,
please indicate as such, and this form will be sufficient for each of those trips in the given school year.)

TRAVEL CONSENT

I hereby give my son [] daughter [], _____,
student number _____, permission to participate in the activities listed above.

MEDICAL CONSENT (Please Type or Print)

I, _____, _____
(NAME OF PARENT/GUARDIAN) (RELATIONSHIP TO STUDENT)

of _____, _____, _____
(NAME OF STUDENT) (AGE) (STUDENT NUMBER)

of _____, _____
(COMPLETE HOME ADDRESS, INCLUDING ZIP CODE) (PHONE)

hereby authorize in advance any necessary medical treatment required by _____ while
he/she is participating in any of the activities listed above.

Other Emergency Phone Numbers: Parent Work _____

Parent Cell _____ Other _____

_____, _____
(Parent or Guardian Signature) (Date)



Health Insurance Co. Name: _____ Group No.: _____

_____, _____
(BILLING ADDRESS) (PHONE NUMBER) Policy No.: _____

Family Physician's Name: _____ Phone: _____

Address: _____
(street) (city)

Allergic to: _____
(LIST ALL MEDICATIONS)

STUDENT CONDUCT PRACTICES AND PROCEDURES

- M. There shall be no defacing of public property. Any damages to any property or furnishing in the hotel rooms, or other accommodations, or building must be paid for by the individual responsible.
 - N. Students shall keep their adult advisors informed of their activities and whereabouts at all times.
 - O. Students should be prompt and prepared for all activities..
 - P. Students shall keep their adult supervisors informed of any physical or medical limitations that would prevent the student from participating in any of the above-mentioned activities.
 - Q. No alcoholic beverages or narcotics in any form shall be possessed by students at any time, under any circumstances.
 - R. No smoking will be permitted.
 - S. No students shall leave the activity site (except for authorized activities) unless permission has been received from the Instructional Supervisor or chaperone.
 - T. Appropriate dress is expected.
 - U. Students shall be responsible for complying with all Policies of the district's Board of Education while participating in the above-mentioned activity, including the District's Board Policy 2610 pertaining to student conduct.
 - V. Students of opposite biological genders are not permitted to be in each other's overnight rooms at any time. If student of the opposite biological gender wish to socialize, they may do so prior to curfew in the hotel lobby or other public area.
 - W. Curfew will be enforced. Curfew means students will remain in assigned rooms until the following morning.
 - X. Students shall not engage in any lewd, indecent, sexual, or obscene act or expression. Students shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, creed, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.
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I approve the student named on side one to attend and travel to school-related activities. I realize that violation of any rules can result in the immediate return of the student, at his or her own expense, to his/her home community. Furthermore, I have read and fully understand the Student Conduct Practices and Procedures and agree to comply with these conduct guidelines. I am aware of the consequences that will result from violation of any of the above guidelines.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY

I assume any risk that may arise from my child's transportation to, participation in and transportation from the above-described overnight trip/activity. I accept full responsibility for any and all medical expenses for any injuries that occur to my child as a result of my child's transportation to, participation in and transportation from the above-described overnight trip/ activity.

By signing this form, I hereby release the Independence 30 School District, its Board, its Board members, administrators, directors, officers, teachers, employees, assigns, and volunteers (the "Released Parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of or in any way related to any damage or injury caused to my child through my child's transportation to, participation in and transportation from the above-described overnight trip/activity. (the "Released Claims").

I also agree to indemnify and hold harmless the Released Parties from the Released Claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I understand that I have the ability to refuse to sign this Form.

I confirm that I have carefully read this “OVERNIGHT ACTIVITY PERMISSION, CONSENT AND RELEASE” Form and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child identified in this Form.

I have signed this CONSENT AND RELEASE this ___ day of _____, 20__.

This CONSENT AND RELEASE has been read and is understood by me.

(Parent or Guardian Signature)

(Date)

(Student Signature)

(Date)