

EXHIBIT B

INDEPENDENCE 30 SCHOOL DISTRICT OVERNIGHT ACTIVITY CHAPERONE ACKNOWLEDGEMENT AND RELEASE

I, _____, volunteer as a chaperone for the _____

overnight trip to _____ on _____.

Name: _____ Phone Number: _____

Address: _____

Background Checks

As a volunteer chaperone on an overnight trip, you are responsible for completing a satisfactory criminal background check and a check of the child abuse/neglect registry maintained by the Missouri Department of Social Services. **Satisfactory checks must be completed and submitted to the District before you will be authorized to accompany students on the overnight trip.**

Chaperone Conduct and Responsibilities

Please carefully review the following guidelines related to your conduct and responsibilities as a Chaperone on an overnight trip:

- You are on duty at all times during an overnight trip unless otherwise excused by the Instructional Supervisor in charge.
- To the extent practicable, stay with your assigned group.
- Monitor the behavior of the assigned group.
- Report student misbehavior to the Instructional Supervisor or other teacher in attendance.
- Enforce the District's discipline code contained in Board Policy 2610.
- Adhere to established guidelines for all District-sponsored and non-District sponsored functions, as well as additional guidelines as developed by the Instructional sponsor.
- Attend any designated information or procedural meetings prior to and during the field trip as required by the school principal, Instructional Sponsor, or designee.
- Sign the "Overnight Activity Chaperone Acknowledgement and Release" form prior to attending the overnight trip.
- Refrain from the use of alcohol, tobacco, illegal drugs, and the unauthorized use of prescription drugs while attending an overnight trip.
- Do not engage in any illegal or immoral activity during the overnight trip.
- Become familiar with student expectations as outlined in the "Overnight Activity Protocols and Procedures" and as stated by the Instructional Sponsor. Do not give permission to students to do anything that contradicts the written or spoken instruction of these guidelines or the Instructional Sponsor.
- Do not retire to your assigned overnight room until all students are checked in for the night (by curfew) and all visiting between rooms has stopped.
- Enforce the curfew as designated by the Instructional Sponsor.
- Ensure that students of opposite biological genders are not visiting each other's overnight accommodations.

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 CHAPERONE ACKNOWLEDGEMENT AND RELEASE” and agree to its terms knowingly and voluntarily.

I also confirm that I am an eligible adult chaperone (over 21 years of age), and I have completed or will complete prior to the overnight trip a satisfactory criminal background check and a child abuse/neglect registry check.

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

This Acknowledgement and Release has been read and is understood by me.

(Chaperone Signature)

(Date)