

**STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE ******

To the maximum extent allowed by law, I, _____, being the parent or legal guardian of _____, a student at _____ School, agree to defend, indemnify, and hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries, accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in * _____ (trip) on ** _____ (dates)

*** except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the Kenai Peninsula Borough and the School District provides limited secondary student accident insurance coverage for travel within the US and Canada (only when the student is immediately and directly supervised) and no liability insurance that would cover a student's actions. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity. **I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity.**

I understand that all School District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expense. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are listed below:

=====

Additional information is available through _____ (trip organizer's name) at _____ (phone number/location).

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Emergency Contact Name	Emergency Phone No.	Home Phone No.

- * If for sport season you may write name of sport
- ** If for sport season you may write "for entire season for _____ school year (08-09, etc.)"
- *** If for field trip to be completed as written
- **** Form to be completed for each field trip or single event; form to be completed once for each specific sport season.