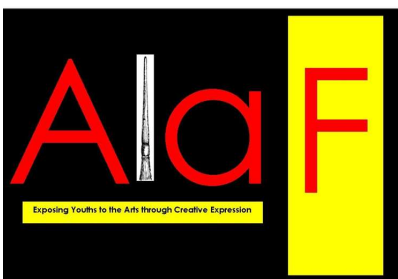


AHSIEKAR LLIH ART FOUNDATION
FIELD TRIP RELEASE FROM LIABILITY



Organization: **AlaF** Date of Fieldtrip _____

Trip: _____

Field Trip Destination: _____ Location of Destination: _____

Trip Itinerary
Information: _____

Attendee's Name: Last _____ First _____ Middle _____

Address: Number/Street _____ City _____ Zip _____ Phone: _____

Guardian Name: _____ Phone: _____

Emergency Contacts: 1. _____ Phone: _____

(If unable to reach parent)

ATTENDEE'S HEALTH HISTORY FOR FIELD TRIP PARTICIPATION

To the best of your knowledge, has your child been exposed to a communicable disease within the past 21 days?

_____ Yes _____ No

Does the child have any of the following health problems? Please circle all that apply.

- a. Operations or serious injuries in the past two years
- b. Chronic or recurring illness
- c. Fainting spells
- d. Asthma
- e. Seizures
- f. Heart disease
- g. Hay Fever

Date of most recent Tetanus shot: _____

Does the child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.)

Medications child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician):

If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.

If your child takes any medication that must be administered during the field trip, you must submit a Parental Consent for Administration of Medication form, as required by district policy and state law. Along with the form, you must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions. If you need this form, please contact the school office.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward/me to engage in all described activities. Except as noted by me, my child is physically fit to participate. I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby consent that he/she be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital licensed by the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Ahsiekar Llih Art Foundation, its officers, or employees for medical aid rendered and will reimburse the Ahsiekar Llih Art Foundation for all medical or other expense incurred in the care of my son/daughter/ward. This Authorization is given pursuant to California Family Code section 6910 and remains effective only for the event and date listed above. In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Ahsiekar Llih Art Foundation and its representatives harmless in the exercise of this authority.

I, _____, am the custodial parent/guardian of _____. I understand that by signing this release form and registering my student for a specific field trip, I am releasing Ahsiekar Llih Art Foundation from liability as stated below. I understand that

registration will be done on an individual field trip basis through a manual Field Trip Registration and Payment Form.

In the case of a medical emergency while on a field trip for which my child is registered, I authorize Ahsiekar Llih Art Foundation staff to administer first aid and/or to obtain whatever medical treatment they deem necessary for my child's welfare, including obtaining transportation for my child to a hospital or doctor's office. I further agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

Insurance Company: _____

Policy Number: _____

Policyholder's Name: _____

Doctor's Name and Phone Number:

Preferred Hospital: _____

FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child
_____ voluntarily attend this field trip.

(Please fill in child's name)

I understand that this field trip is not a required activity.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE AHSIEKAR LLIH ART FOUNDATION, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field trip or excursion that is sponsored, planned or directed by the Ahsiekar Llih Art Foundation.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by the Ahsiekar Llih Art Foundation.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY

DAMAGE while my son/daughter/myself is participating in a field trip or excursion, sponsored, planned and directed by the Ahsiekar Llih Art Foundation; and

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I, the undersigned, hereby hold Ahsiekar Llih Art Foundation, its directors, officers, employees, and agents harmless from liability for any and all incidents and/or injury that my child may incur during his/her involvement with the activities specified here that will be conducted by the school.

I have read and understand and agree to the terms and conditions of this release of liability.

Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.