

**SWEETWATER UNION HIGH SCHOOL DISTRICT  
REQUEST FOR EXCURSION/FIELD TRIP**

Date \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**Trip Information**

1. Sponsoring agency/group \_\_\_\_\_
  2. In the event of a potential Revocation of District Authorization for Excursion/Field Trip, the following are the two key contacts the Superintendent and/or his designee may direct all correspondence to:  
Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_  
Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_
  3. Destination (Attach itinerary if more than one stopover is involved)  
\_\_\_\_\_  
\_\_\_\_\_
  4. Expected day/time of departure \_\_\_\_\_
  5. Number of overnight stays \_\_\_\_\_ Comment \_\_\_\_\_
  6. Number of days of travel \_\_\_\_\_ Comment \_\_\_\_\_
  7. Expected day/time of return \_\_\_\_\_
  8. Purpose (*Goals/objectives with clear indication of relationship of the proposed field trip to the district course of study. Attach separate sheet if necessary*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  9. Certificated staff member responsible \_\_\_\_\_
  10. Number of participants (*Less adult chaperones*) \_\_\_\_\_
  11. Number of adult chaperones, less certificated staff member responsible \_\_\_\_\_
  12. Transportation will be provided by:  
 District bus       Commercial carrier (Charter Bus)       Private vehicle\*
- \*If using a private vehicle, please complete Driver Information Sheet (Form 4124-03, Exhibit 4) and submit to the Office of Fiscal Services.*
13. If by commercial carrier\*, the company providing transportation: \_\_\_\_\_  
\*You may only use a commercial carrier that has been approved by the board of trustees.
  14. Projected costs: Total \_\_\_\_\_ Per participant \_\_\_\_\_ Funding Source \_\_\_\_\_  
(i.e. Cat./Grant.)
  15. Insurance:  
Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Carrier \_\_\_\_\_

16. The following has been complied with or will be complied with prior to departure:

**I. For one-day excursion/field trips, within the state, principal's approval required; Application must be submitted at least 10 schools days in advance of the trip. (please complete the following)**

- a. Parent permission slip for student participation on file exempting the district from all financial responsibility.
- b. Adequate optional illness, accident and death insurance provided for all participating students and adults. (*Supplemental Health/Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- c. If out of country, written assurance of sufficient funds to cover all travel and expenses, executed and filed.
- d. Written assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds.
- e. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.

**II. For overnight excursion/field trips, within the state, of no more than two nights and three days, the Superintendent or his/her designee approval required. Application must be submitted at least one month (30 calendar days) in advance of trip. (please complete the following)**

- a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** on file exempting the district from all financial responsibility.
- b. Adequate optional illness, accident and death insurance provided for all participating students and parents. (*Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- c. Required liability insurance provided when using private vehicle and commercial carrier.
- d. Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
- e. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
- f. If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

**III. For field trips involving three or more nights and/or out-of-state, Board of Trustees approval required; Application must be submitted at least two months (60 calendar days) in advance of the trip. (please complete the following)**

- a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** on file exempting the district from all financial responsibility.
- b. If out-of-state, statement specifying public funds will not be utilized for anything other than salaries, executed and filed.
- c. If out-of-state, waiver of claims and hold harmless agreements executed by each adult and parent or guardian of each student participating in the field trip, and filed.
- d. Adequate optional illness, accident and death insurance provided for all participating students and parents. (*Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- e. Required liability insurance provided when using private vehicle and commercial carrier.
- f. If out-of-country, assurance of sufficient funds to cover all travel and living expenses, executed and filed.
- g. Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
- h. If out-of-state, assurance that sufficient "cancellation" insurance has been investigated and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** (Form No. 4020-03) is on file exempting the district from all financial responsibility in the event the activity is cancelled.
- i. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
- j. If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

Person proposing excursion/field trip: \_\_\_\_\_

Principal: \_\_\_\_\_ Additional authority, of other than principal: \_\_\_\_\_

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
**PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS**

Name: \_\_\_\_\_, has my permission to attend \_\_\_\_\_

\_\_\_\_\_ which will take place at \_\_\_\_\_  
 (activity/Event)

Date of event: \_\_\_\_\_ Depart time: \_\_\_\_\_ Return time: \_\_\_\_\_

Class or group attending \_\_\_\_\_ Teacher/leader \_\_\_\_\_

Method of transportation \_\_\_\_\_ If traveling by automobile,  
 Name of driver/Drivers \_\_\_\_\_  
 License # \_\_\_\_\_ D.L. # \_\_\_\_\_

1. I understand that all students going on this trip will be responsible in for their conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_ are not \_\_\_\_\_ considered by the district to be of "high risk" to the participants.

**Education Code §35330 provides as follows:**

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, **and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war,** except for any claims based upon the fraud, willful injury to a person, property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

\_\_\_\_\_  
 Signature of Parent(s)/Guardian(s)/Caregiver(s)

-  -   
 Cellular telephone# to contact  
 Parent or Guardian during event

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Health Insurance Company

\_\_\_\_\_  
 Policy Number

SWEETWATER UNION HIGH SCHOOL DISTRICT  
 CONSENTIMIENTO DE LOS PADRES PARA PARTICIPACIÓN DEL ALUMNO(A) EN EVENTOS FUERA  
 DE LA ESCUELA PATROCINADOS POR LA ESCUELA

Nombre: \_\_\_\_\_, tiene mi permiso para asistir/participar en

\_\_\_\_\_ Que tendrá lugar en \_\_\_\_\_  
 (evento o actividad)

Fecha del evento: \_\_\_\_\_ Hora de salida: \_\_\_\_\_ Hora de regreso: \_\_\_\_\_

Clase o grupo que asistirá: \_\_\_\_\_ Maestro o encargado: \_\_\_\_\_

Método de transporte: \_\_\_\_\_ Si viaja por automóvil, nombre del chofer(es) y número de licencia \_\_\_\_\_ Número de la licencia de manejar \_\_\_\_\_

1. **ف** Entiendo que todos los alumnos que van en este viaje, responderán de su conducta al chofer del autobús, maestro o patrocinadores adultos. Además, entiendo que los alumnos irán al evento y regresarán del mismo en el transporte proporcionado, y que durante el viaje, se tomarán todas las precauciones necesarias.
2. Reconozco que se me ha informado que el distrito considera que las actividades del evento, viaje, paseo o excursión en que participará el alumno(a) son \_\_\_\_\_ no son \_\_\_\_\_ de "alto riesgo" para el participante.

**El Código de Educación § 35330 provee lo siguiente:**

"Se considera que todas las personas participantes en este viaje, paseo o excursión renuncian a toda demanda en contra del distrito o del Estado de California por lesiones, accidente, enfermedad o muerte que ocurriese durante o debido al viaje, paseo o excursión." Todo adulto que participe en viajes, paseos o excursiones fuera del estado, y todos los padres o tutores de alumnos participantes en viajes, paseos o excursiones fuera del estado, firmarán una declaración de renuncia a dichas demandas."

De acuerdo a este estatuto, y en consideración de la participación de mi hijo(a) en dicho paseo, viaje o excursión, yo libero de toda responsabilidad al Sweetwater Union High School District, sus oficiales, empleados y agentes, y renuncio a toda demanda por lesiones, accidente, enfermedad, muerte o daños a propiedad que ocurran durante o por razón del paseo, viaje o excursión, **y que surjan de cualquier causa, incluyendo actos ilegales de terceros, terrorismo, o actos de guerra**, excepto de toda demanda basada en fraude, lesiones o daño intencional a persona(s) o propiedad, o por violación a las leyes por el distrito, sus empleados y agentes; además estoy de acuerdo en indemnizar y liberar de responsabilidad al Distrito, sus oficiales, empleados y agentes de toda demanda y acción por daños o lesiones que cualquier persona podría afirmar por razón de la conducta de mi hijo(a) durante su participación en dicho viaje, paseo o excursión.

En caso que mi hijo(a) se lesionara o enfermara, otorgo mi consentimiento para que reciba la atención médica necesaria (radiografías, examen, anestesia, tratamiento médico, dental o diagnóstico para cirugía y hospitalización por parte de un médico o cirujano con licencia para practicar su profesión, según se considere necesario para la seguridad y bienestar de mi hijo(a). Estoy de acuerdo en responsabilizarme de los gastos surgidos.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre de la compañía del seguro de salud

\_\_\_\_\_  
Número de la póliza

SWEETWATER UNION HIGH SCHOOL DISTRICT  
CONSENTIMIENTO DE LOS PADRES PARA PARTICIPACIÓN DEL ALUMNO(A) EN EVENTOS  
FUERA DE LA ESCUELA PATROCINADOS POR LA ESCUELA

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
STATEMENT REGARDING ADULT PARTICIPATION IN OFF-CAMPUS  
SCHOOL-SPONSORED EVENTS

I, \_\_\_\_\_, plan to participate  
in \_\_\_\_\_, and do hereby  
(Event or Activity)

acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_ are not \_\_\_\_\_ considered by the district as being of “high risk” to both student and participants.

\_\_\_\_\_  
(Date) (Signature)

**WAIVER OF CLAIM**

(To Be Completed for Out-of-State Events Only)

I do hereby waive all claims and hold harmless the individual sponsors, the Sweetwater Union High School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

\_\_\_\_\_  
(Date) (Signature)

**SWEETWATER UNION HIGH SCHOOL DISTRICT**

**DECLARACIÓN PARA LA PARTICIPACIÓN DE ADULTOS EN EVENTOS ORGANIZADOS  
POR LA ESCUELA QUE SE LLEVAN A CABON FUERA DEL CAMPUS**

Yo, \_\_\_\_\_, asistiré a  
\_\_\_\_\_, y por medio de la  
(Evento o actividad)

presente reconozco que se me ha informado que las actividades relacionadas con dicha excursión/paseo o evento son \_\_\_\_\_ no son \_\_\_\_\_ consideradas de “alto riesgo” por el distrito para el alumno y participantes.

\_\_\_\_\_  
(Fecha) (Firma)

**RENUNCIA A DEMANDAR**

(Sólo contestar si se trata de eventos que se llevarán a cabo fuera del estado.

Por medio de la presente renuncio a todo reclamo y exonero de responsabilidad a los organizadores, al distrito Sweetwater Union High School District, y al Estado de California por cualquier lesión, accidente, enfermedad, muerte, o toda pérdida o daño a propiedad personal que ocurra durante o a causa de la excursión, paseo o evento antes mencionado.

\_\_\_\_\_  
(Fecha) (Firma)



**SWEETWATER UNION HIGH SCHOOL DISTRICT**

**DRIVER INFORMATION SHEET**

(To be filled out by persons who will be driving private vehicles to transport students on excursions, field trips, or extracurricular events.)

I, \_\_\_\_\_, will be driving a private  
vehicle used to transport students from \_\_\_\_\_  
(School Site)

on an excursion/field trip or extracurricular event, to:

\_\_\_\_\_ on \_\_\_\_\_  
(Place) (Date)

**I certify that:**

- A. I possess a current, valid, driver's license,  
No.: \_\_\_\_\_
- B. I carry a minimum insurance of \$100,000 bodily injure per person/\$300,000 per accident  
and \$50,000 property damage, or in lieu thereof, \$300,000 combined single limit.  
Carrier: \_\_\_\_\_
- C. The vehicle I will be driving is in safe condition and will not be overloaded for the trip.
- D. You will need to provide a copy of:
  - 1. Your driver's license; and
  - 2. Your current insurance declaration sheet which lists your coverage.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
**FORMULARIO DE INFORMACIÓN DEL CONDUCTOR**

(Para ser llenado por las personas que conducirán los vehículos particulares para transportar alumnos en excursiones, paseos, o eventos extracurriculares.)

Yo, \_\_\_\_\_, conduciré un vehículo particular para

transportar alumnos desde \_\_\_\_\_  
(Nombre de la escuela)

al paseo de excursión o evento extracurricular que se llevará a cabo en:

\_\_\_\_\_ el \_\_\_\_\_  
(Lugar) (Fecha)

**Certifico que:**

- A. Cuento con licencia vigente de conducir  
Núm.: \_\_\_\_\_
- B. Cuento con un seguro contra accidente automovilístico que cubre \$100,000 en daños físicos por persona, \$300,000 por accidente, y \$50,000 en daños causados a propiedad, o una combinación con un límite único de \$300,000.  
  
Nombre de la compañía de seguro: \_\_\_\_\_
- C. El vehículo que conduciré se encuentra en buen estado y no se sobrecargará para el paseo.
- D. Tiene que proveer una copia de:
  - 1. Su licencia de conducir.
  - 2. La hoja actual de la declaración de su seguro que contiene su cobertura.

\_\_\_\_\_  
(Firma)

\_\_\_\_\_  
(Fecha)

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
**Hold Harmless Agreement and Agreement Not to Sue**  
**Regarding Revocation of District Authorization**

I, the undersigned, declare that it is my desire to allow my child(ren), \_\_\_\_\_, to participate in the planned excursion or field trip to \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

I am aware that it is possible that the District authorization for the planned excursion or field trip may be revoked or withdrawn at the discretion of the Superintendent due to concerns for student safety or other circumstances or events.

I understand that a cancellation may occur even after all required deposits have been paid and all arrangements have been made. I understand that the Sweetwater Union High School District recommends that I investigate travel cancellation insurance and I understand that it is my responsibility to do so.

In the event of a revocation, I am aware that the Sweetwater Union High School District, its board members, officers and employees would not be responsible for reimbursing any money to me or any other person or entity who has contributed money or time to fund my child(ren) costs for the planned excursion or field trip.

In exchange for the right to register my child(ren) to participate in the planned excursion or field trip identified above, I hereby agree that I, my heirs, legal representatives and assigns do release, discharge and will hold harmless and not sue the Sweetwater Union High School District, its officials, employees, representatives, agents, servants or volunteers, for any liability, claims, damages, expenses, actions or costs suffered by me in raising, giving, granting, loaning or donating funds or items to support the participation of my child(ren) in the excursion or field trip. I also agree to indemnify the Sweetwater Union High School District for claims by any person or entity arising from their participation in a fundraising or giving, granting, loaning or donating funds or items to support the participation of my child(ren) in the excursion or field trip.

I HAVE CAREFULLY READ THIS HOLD HARMLESS AGREEMENT AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL RIGHT TO DEMAND REIMBURSEMENT OR SUE IN CONNECTION WITH EXPENSES INCURRED OR FUNDS RAISED IN CONNECTION WITH THE PLANNED EXCURSION OR FIELD TRIP IDENTIFIED ABOVE. I SIGN IT OF MY OWN FREE WILL.

Print Name Mother: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name Father: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
**Acuerdo de mantener indemne y de no demandar en cuanto a**  
**la revocación de la autorización emitida por el distrito**

Yo, el suscrito, declaro que deseo que mi hijo (s), \_\_\_\_\_, participe en la excursión organizada a \_\_\_\_\_ el \_\_\_\_\_ de \_\_\_\_\_.

Comprendo que es posible que la autorización del distrito para la excursión o paseo organizado puede ser revocada a discreción del superintendente debido a inquietudes relacionadas con la seguridad estudiantil u otras circunstancias o hechos.

Comprendo que el evento puede cancelarse incluso después de coordinar el evento y pagar los depósitos. Comprendo que el distrito Sweetwater Union High School District recomienda que investigue la compra de un seguro de cancelación y entiendo que adquirir dicho seguro es mi responsabilidad hacerlo.

En caso de cancelación, estoy consciente que el distrito Sweetwater Union High School District, los miembros del concejo, funcionarios y empleados del distrito no serán responsables de rembolsar el dinero a un servidor y a toda persona o entidad que haya contribuido con tiempo o dinero para solventar el costo de la participación de mi hijo (s) en la actividad antes mencionada.

A cambio del derecho a inscribir a mi hijo (s) para participar en la excursión o paseo antes mencionado, estoy de acuerdo: un servidor, mis herederos, representantes legales, y personas asignadas, en exonerar, liberar, de toda responsabilidad y no demandar al distrito Sweetwater Union High School District, sus funcionarios, empleados, representantes, agentes, servidores públicos, o voluntarios, por toda responsabilidad, reclamaciones, daños, gastos, acciones o costos incurridos por mi persona al recaudar, otorgar, garantizar, prestar o donar fondos o artículos para apoyar la participación de mi hijo (s) en dicha excursión o paseo. Asimismo, estoy de acuerdo en indemnizar al distrito Sweetwater Union High School District de las quejas que anteponga toda persona o entidad que surjan debido a la participación en actividades para recaudar otorgar, garantizar, prestar o donar fondos o artículos que apoyan la participación de mi (s) hijo (s) en la excursión o paseo.

**LEÍ CUIDADOSAMENTE EL PRESENTE ACUERDO SU CONTENIDO. ESTOY CONSCIENTE QUE SE TRATA DE RENUNCIAR A TODO DERECHO A EXIGIR REEMBOLSO O A ANTEPONER UNA DEMANDA RELACIONADA CON LOS GASTOS INCURRIDOS O FONDOS RECAUDADOS RELACIONADOS A LA EXCURSIÓN O PASEO ORGANIZADO ANTES MENCIONADOS. FIRMO POR VOLUNTAD PROPIA.**

Nombre de la madre: \_\_\_\_\_ Firma: \_\_\_\_\_

Nombre del padre: \_\_\_\_\_ Firma: \_\_\_\_\_

Domicilio: \_\_\_\_\_  
(Calle) (Ciudad) (Estado) (Código postal)

Fecha: \_\_\_\_\_ Número telefónico: \_\_\_\_\_