



## Field Trip Code of Conduct

### Student:

I, \_\_\_\_\_, understand that by participating in this Watershed High School trip, I am promising to cooperate with the chaperones and my classmates. I promise to behave in a manner knowing that I represent Watershed High School. If I do not follow these standards, I will be sent home at my parent/guardian's expense.

I understand that I may not bring, purchase, or use alcohol or illegal drugs at any time on this trip. I will not engage in behavior that includes fighting, vandalism, lewd behavior (including sexual activity), possession of a weapon, threatening, stealing or accompanying others who are engaging in these behaviors. I understand that doing so will result in my immediate dismissal at my parent/guardian's expense.

I have read the field trip Code of Conduct and agree to abide it.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

### Parent/Guardian:

I have read the Code of Conduct and understand that if my son/daughter should break the code of conduct, I will be responsible for immediately transporting my son/daughter home from the trip regardless of the time of day or night. I understand that the adult chaperones leading the trip have the final decision in enforcing these standards.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



Field Trip Destination: \_\_\_\_\_

Field Trip Date(s): \_\_\_\_\_

Mode of Travel: \_\_\_\_\_

\*\*\*\*\*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Medical Insurance Carrier:** \_\_\_\_\_

**Group#:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I the undersigned parent/guardian of \_\_\_\_\_, do hereby consent that he/she be permitted to attend the abovementioned field trip; and should the need arise, do hereby authorize and consent to any emergency x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of any member of the medical or emergency room staff licensed by the State of Minnesota. It is understood that this authorization is given in advance of any specific diagnosis or treatment or care and is given to provide authority and power to render any care, which the emergency medical provider may deem advisable. It is understood that an effort shall be made to contact the undersigned parent/guardian and emergency contact prior to any services being rendered, but that any of the above treatments will not be withheld if the undersigned and the emergency contact cannot be reached. I will not hold Watershed High School, its chaperones, employees or officers liable for medical aid rendered and will be responsible for any medical costs that may be incurred as a result of emergency medical care for my son/daughter/ward.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby hold Watershed High School and its representatives harmless in the exercise of this authority.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



By signing below, I give my consent for my son/daughter/ward to voluntarily attend this school field trip or excursion. I understand that this field trip or excursion is not a required activity of my son/daughter/ward's class.

***Please initial the following:***

\_\_\_\_\_ I understand that my son/daughter/ward will be riding in a car with a licensed and insured driver over the age of 21 and assume the risks normally associated with travel by personal automobile. The driver, nor the school can be held personally liable for any accident, injury or death resulting from such travel.

\_\_\_\_\_ The undersigned hereby releases, waives and discharges not to sue Watershed High School, its officers, employees, chaperones and board members from all liability to my son/daughter/ward 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 the death of my son/daughter/ward while he/she participates in a field trip or excursion that is sponsored, planned or directed by Watershed High School or its designees.

\_\_\_\_\_ The undersigned hereby agrees to indemnify and save and hold harmless Watershed High School, its officers, employees, chaperones and board members 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 Watershed High School or its designees.

\_\_\_\_\_ I agree to assume full responsibility for the risk of bodily injury, death, and property damage or loss while my son/daughter/ward is participating in a field trip or excursion that is sponsored, planned or directed by Watershed High School or its designees.

\_\_\_\_\_ I further expressly agree that the foregoing RELEASE, WAIVER, and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law 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 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 forgoing written agreement have been made.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date