



Pioneer Union Elementary School District

Field Trip Waiver Form For Students

Completion of this form is required for ALL Field Trips/Excursions.

The Pioneer Union Elementary School District (“District”) has authorized the following field trip:

Waiver by Parent or Guardian of Pupil Taking Trip

I certify that I am the parent or guardian of the pupil identified below. I acknowledge that my son or daughter’s participation on this field trip is voluntary. I hereby waive, on my child’s or ward’s behalf, all claims against the District, its employees and against, or the State of California for injury accident, illness, or death occurring during or by reason of the above mentioned field trip. I agree that I further waive on my child’s or ward’s behalf any and all claims against the District, its employees and agents, or the State of California that any individual may bring on my child’s or ward’s behalf for any and all injury, accident, illness, or death occurring during or by reason of the field trip mentioned above. I acknowledge that my child or ward may travel in a private or commercial vehicle. I specifically agree that the District has not assumed liability under Education Code section §44808 and that the District is not liable for transportation associated with this field trip. I hereby release the District, its employees and agents, and the State of California from all liability for any injury, accident illness, or death if I choose to provide transportation for my child on the field trip or if I make alternative transportation arrangements for my child. I also agree that the District is not liable for any injury, accident, illness or death arising from any arrangements for my child. I also agree that the District is not liable for any injury, accident, illness or death arising from any on campus actions, including but not limited, to the planning of this field trip.

Should my child require medical attention due to illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care as deemed necessary for the safety and welfare of my child. I further understand that I, as parent/guardian of the pupil identified below, will be responsible for any and all resulting expenses related thereto.

Name of Pupil

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Contact Phone

Work Cell Home



Pioneer Union Elementary School District

Field Trip Waiver Form For Adults

Completion of this form is required for ALL Field Trips/Excursions.

The Pioneer Union Elementary School District (“District”) has authorized the following field trip:

Waiver by Adult Taking Trip

I acknowledge that my participation on this field trip is voluntary. I hereby waive any and all claims against the District, its employees and agents, or the State of California for injury, accident, illness, or death occurring during or by reason of the above mentioned field trip. I further waive any and all claims against the District, its employees and against, or the State of California that any individual may bring on my behalf for any and all injury, accident, illness, or death occurring during or by reason of the field trip mentioned above. This includes claims I, or any other person, may bring for any and all injury, accident, illness or death occurring during or by reason of the trip mentioned above to any child or ward of mine going on the trip. I acknowledge that I may travel in a private or commercial vehicle. I specifically agree that the District has not assumed liability under Education Code section §44808 and that the District is not liable for transportation associated with this field trip. I hereby release the District, its employees and agents, and the State of California from all liability for any injury, accident, illness, or death if I choose to provide transportation for myself on the field trip or if I make alternative transportation arrangements for myself. I also agree that the District is not liable for any injury, accident, illness or death arising from any on campus actions, including, but not limited to, the planning of this field trip.

Should I require medical attention due to illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care as deemed necessary for my safety and welfare. I further understand that I, as parent/guardian of the pupil identified below, will be responsible for any and all resulting expenses related thereto.

Name of Pupil

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian