

Instructions: Please read this entire document carefully before signing. This form must be completed and returned to Cabarrus County Schools (CCS) by _____ in order to allow participation in the field trip described below (the "Field Trip").

Student's Name: _____ **School Name:** _____

Trip Destination: _____

Departure Date: _____ **Return Date:** _____

Itinerary: _____

In consideration and exchange for my child, _____ ("Student"), being allowed to participate in the Field Trip, I acknowledge and agree as follows:

1. **Acknowledgement.** I acknowledge that I have reviewed and understand all documents provided to me by CCS describing the Field Trip, including information regarding the duration of the trip, location of all activities, method(s) of transportation, educational merits, inherent risks associated with the activities involved, and the voluntary nature of the Field Trip.
2. **Assumption of Risk.** I acknowledge that there are risks associated with the Field Trip, and I agree to assume any and all risks that may result from such Field Trip, known or unknown, on behalf of myself and/or the Student. I understand that not all inherent risks connected with the Field Trip can be described in the documentation provided by CCS regarding the Field Trip.
3. **School Policies.** I understand that all Field Trip participants remain subject to all CCS student behavior policies, the Student Code of Conduct, and all school rules while participating in the Field Trip. **I agree that a violation of any policy, rule, or regulation related to this Field Trip or the Student Code of Conduct in general may result in the Student being sent home early from the Field Trip at my expense.**
4. **Itinerary Changes.** I understand that CCS reserves the right to make cancellations, changes, or substitutions to the travel itinerary in cases of emergency, changed conditions, or the best interest of the Field Trip participants.
5. **Personal Items.** I acknowledge that CCS assumes no liability whatsoever for any loss, damage, destruction, or theft to the Student's luggage or personal belongings.
6. **Medical Information.** I agree to inform the school nurse and/or principal at the school named above of any health issues and/or changes in health status that may affect the Student's participation in the Field Trip, including, but not limited to, medications being taken, dates of hospitalization in the last year and the reasons for any such hospitalization, any illnesses, and/or any other special health-related issues.
7. **Emergency Medical Treatment.** I grant CCS permission to authorize emergency medical treatment for my child as it deems appropriate. I understand and agree that CCS assumes no responsibility for any injury, damage, or cost that might arise out of or in connection with such authorized emergency medical treatment.
8. **Liability Release.** On behalf of my spouse (if any), the Student, our heirs, executors, administrators,

and assigns, I hereby waive, release, indemnify, and hold harmless Cabarrus County Schools, its officers, directors, employees, volunteers, and sponsors from legal liability and any and all actions, suits, damages, claims or judgments for damages or expenses (including reasonable attorneys' fees and costs), that may result from any personal injury, loss of property or property damage, or any other claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, regardless of fault, arising from or by reason of the Student's participation in the Field Trip.

9. **Intent.** I expressly agree that this Field Trip Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid by an appropriate court of competent jurisdiction, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand there are potential risks associated with an international field trip and that all participants must comply with all school rules and policies while participating.

I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my child and other family members, and my heirs, executors, representatives, assigns and estate.

Name of Student *(Printed)*

Signature of Student

Date

Name of Parent, Legal Guardian, or
Adult *(Printed)*

Signature

Date

Address of Parent, Legal Guardian, Participating Adult, or Adult Student

Phone Number of Parent, Legal Guardian, Participating Adult, or Adult Student

Emergency Contact Name

Emergency Contract Phone Number