

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Business Services

PLEASE RETURN TO THE BELL OFFICE WHEN PURCHASING YOUR TICKET
NO LATER THAN JUNE 12TH.

Dear Parent/Guardian:

Please complete and return this form, which authorizes your child's voluntary participation in a school sponsored field/study trip, to SCHOOL SPECTACULAR AT KNOTTS BERRY FARM.

VOLUNTARY FIELD/STUDY TRIP PARTICIPATION FORM

I authorize my son/daughter, _____, to participate in the school-sponsored field trip to KNOTT'S BERRY FARM, on Thursday, June 13th from 1:00 to 8:00 pm.
Student's Name

I understand and acknowledge that a field trip, by its very nature, can be dangerous and involve the potential risk of accident from travel by train, bus, or automobile, or from visiting the field trip site.

I understand and acknowledge that some of the injuries which may result from accidents that may occur while on this field/study trip include, but are not limited to, the following:

- | | |
|--------------------|------------------------------|
| 1. Sprains/strains | 5. Head and/or back injuries |
| 2. Fractured bones | 6. Paralysis |
| 3. Cuts/abrasions | 7. Loss of eyesight |
| 4. Unconsciousness | 8. Internal injuries |

I understand and acknowledge that participation in this field/study trip is completely voluntary and as such is not required by the school for class credit.

In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff or the hospital or facility furnishing medical or dental services.

I understand, acknowledge, and agree that I will hold Garden Grove Unified School District, its employees, officers, agent, or volunteers harmless from any and all liability or claims whatsoever, which may arise out of or in connection with participation in this field trip.

I acknowledge that I have carefully read this **VOLUNTARY FIELD/STUDY TRIP PARTICIPATION FORM**, that I understand and agree to its terms, and that the terms serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

Parent/Legal Guardian

Date

Student Signature

Date

Note: A signed **VOLUNTARY FIELD/STUDY TRIP PARTICIPATION FORM** must be on file with the school before a student will be allowed to participate in the above school sponsored field/study trip.

If your son/daughter has a special medical problem, please attach a description to this form.