

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

Name: Design Innovation Workshop

\_\_\_\_\_ ( Activity / Event )  
which will take place at: on Zoom \_\_\_\_\_  
(Name of school)

Date of event: June 17-21 Time of the event: 9:00 a.m. to 1:30 p.m.

Class or group attending 7th grade RDM Students Teacher/Leader Mr. Picazo

- I understand that all students attending this event will be responsible in conduct to teacher, or adult sponsors.
- I hereby acknowledge that I have been advised that the activities involved in this event are not considered by the district to be of "high risk" to the participants.
- I fully agree to assume full and complete responsibility for transporting my son/daughter to and from all extracurricular events in which he/she is a participant in accordance with the date, time and place specified by the activity.

**Education Code §835330 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 shall sign a statement waiving such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said event, 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 event, **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 person or property, or violations 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 participation in said event.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals at no cost. All others must purchase or bring lunch.

In the event 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/Guardian

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cellular, Telephone #  
to contact Parent or  
Guardian during event

\_\_\_\_\_  
Date

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

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

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 Design Innovation Workshop that will take place from June 17th \_\_\_\_\_ to  
June 21st daily on Zoom

— (specify location of the cybercamp) \_\_\_\_\_

I am aware that it is possible that the District authorization for the planned event 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 event.

In exchange for the right to register my child(ren) to participate in the planned event 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 of 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 event.

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 EVENT 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: \_\_\_\_\_



**RE: IMAGE, VOICE & PRESS RELEASE**

**Student name:** \_\_\_\_\_

**Date:** 6/17 to 6/21 **Event:** Design Innovation Workshop

Your student may be interviewed, photographed, or filmed as part of the coverage of a story. Sweetwater Union High School District (SUHSD) also may use these pictures or interviews for promotional materials.

I hereby give my permission, as the Parent/Legal Guardian of the Participating Student named above, to SUHSD for the use and reproduction of the video footage, photographs or voice recordings of this participating student. I understand that the use of the participant's image and voice will be primarily for the purposes of education and/or promotion by SUHSD. I hereby waive any right that I may have to inspect or approve the finished digital media product that may be used in connection herein.

Parent/Legal Guardian, printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date signed: \_\_\_\_\_

Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date signed: \_\_\_\_\_

Email: \_\_\_\_\_