

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

Dear Parent/Guardian:

Kindly complete and return this form to **Teacher** _____
Name of Teacher Name of School
_____(Student Name) has my permission to participate in the
following voluntary activity:

Destination: _____
Departure Date & Time: _____ Return Date & Time: _____

In the event of illness or injury, I do 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 of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Hacienda La Puente Unified School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip as outlined in the "Annual Handbook" distributed in August/September. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier

Policy No.

Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) L) Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason)

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.



Hacienda La Puente Unified School District

PARENT/GUARDIAN WAIVER OF DISTRICT PROVIDED TRANSPORTATION TO SCHOOL SPONSORED EVENT

I (printed name of parent) _____ understand, the Hacienda La Puente Unified School District provides transportation to and from athletic competition and other school sponsored events. In the interest of supervision and safety, the district prefers all student participants use this available transportation.

I am hereby notifying the Hacienda La Puente Unified School District that I am arranging alternative transportation for (Name of Student) _____ to travel ____ round trip; ____ to; ____ from the sporting event or activity detailed below.

Date of Event: _____

Event Destination: _____

Student's School: _____

I also acknowledge the following;

1. That I am arranging this transportation for my child/children only.
2. That the District is not exerting any supervisory control over how my child is being transported to the event.
3. I am not acting as a chaperone or in any supervisory capacity for the indicated event.
4. I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health and safety. I agree to waive all claims against the Hacienda La Puente Unified School District, its officers, agents and employees, and hold such parties harmless from any and all liability or claims which may arise out of or in connection with my child's transportation to this activity/sporting event. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Sincerely,

Parent/Guardian Signature

Date

2019 SUMMER CAMP PARTICIPANT RELEASE AND WAIVER FORM

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp in order to participate.

Minor's Name	Name of Parent/Legal Guardian	Camp Dates	Graduation Year
Address	Parent/Legal Guardian Cell Phone	Camp Location	
City, State, & Zip	School/Group	School/Group Address	
Phone Number	School Phone Number	City, State, & Zip	
<input type="checkbox"/> Yes, you have my permission to send me updates and newsletters from Varsity.			
Email Address			

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____ as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above "Camp" to be conducted by Varsity Spirit Corporation LLC ("Varsity Spirit") d/b/a United Spirit Association ("USA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's corporate sponsors (hereinafter "Sponsors"), the hosting site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit, and the respective directors, officers, representatives, members, agents and employees of proceeding parties (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian **X** _____ Date _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that as a participant and/ or a spectator at the Camp, Minor may be included in videotapes, photographs, DVDs, Podcasts and videocasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity Spirit, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as a part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events and for any use or purpose whatsoever and without reservations or limitations. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve the copies of any promotional materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants, by which Minor and I agree to abide during the Camp, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund. Minor and I understand that Sponsors may distribute samples of their products at Camp.

Insurance and Payment (not offered at Home Camps). We offer an accident policy to all students for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have other insurance must purchase the Camp accident policy. This policy, or other proof of insurance, is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please check one of the following:

- ☐ Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp (**not available at Home Camps**)
- ☐ No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If no is checked, complete the information below. WE MUST HAVE THE POLICY NUMBER.
- Insurance Company _____ Policy Number _____
- Insurance Company Address _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Varsity will not administer or supply any type of medication at Camp.**

Medications (if any) _____ Allergic to (if any) _____

I acknowledge that Minor suffers from the following conditions _____

Family Doctor _____ Phone Number _____

Minor Birthdate: _____

Emergency Information: Name: _____

Daytime Phone _____ Address: _____

Evening Phone _____ City, State, Zip _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian **X** _____ Date _____

Relationship to Minor _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor **X** _____ Date _____

Witness Signature **X** _____ Date _____

SPECIAL DIETARY NEEDS REQUEST

Camp location name:

Camp dates:

School Name:

Squad Type:

Participant Name:

Responsible adult name:

Responsible adult number:

Responsible adult email:

List detailed dietary needs:

*****This form should be returned to info@usacamps.com no later than 30 days prior to camp*****