

City of Ventura
Interpretive Outreach Program
FIELD TRIP WAIVER

School: Sacred Heart Teacher: Mrs. Mary Dwyer

In order for you and your child to participate in an Interpretive Outreach field trip the following waiver must be signed and received by the Interpretive Outreach Program on or before the date of your child's scheduled program. Please return this completed form to your child's teacher.

By signing this waiver for the City of Ventura Interpretive Outreach Program, I agree to release the City of Ventura, its agents, its employees and its certified volunteers from and against any claim arising from my or my child's participation in any City of Ventura Interpretive Outreach programs attended by me or my child during the school year. I grant permission for the City of Ventura to use participant's image, filmed during program activities, to promote its services and programs. I agree to indemnify and hold the City of San Buenaventura harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorney's fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by law of the State of California.

Participant's Name _____

Parent or adult participant's name printed _____

Parent or adult participant's Signature _____

Date: _____

Renuncia de Viaje al Campo

Programa Interpretativo de la Ciudad de Ventura

Escuela: Your School Name Profesor/a: _____

Para que usted o su niño/a participe en un viaje al campo del Programa Interpretativo, la renuncia siguiente debe ser firmada y recibida por el Programa Interpretativo en la fecha o antes de la fecha del programa. Por favor devuelva esta forma llenada al profesor/a de su niño/a.

Cuando yo firme esta renuncia para el Programa Interpretativo de la Ciudad de Ventura, estoy de acuerdo de exonerar la Ciudad de Ventura, sus agentes, sus empleados y sus voluntarios certificados contra cualquier demanda que se presente durante mi participación o de mi niño/a en cualquier programa o viaje al campo del Programa Interpretativo de la Ciudad de Ventura asistido por mi o mi niño/a durante el año escolar. Concedo el permiso para la Ciudad de Ventura de usar la imagen del participante, filmada durante actividades del programa, para promover sus servicios y programas. Acuerdo indemnizar y sostener la Ciudad de San Buenaventura inofensiva y contra de cualquier demanda, sea causado por negligencia pasiva o de otra manera. Pagaré todo los costos incidente a cualquier demanda, incluyendo, sin limitación, honorarios del abogado. Convengo que este acuerdo esta pensado de ser tan amplio e inclusivo como es permitido por la ley del estado de California.

Participante _____

Nombre del padre del participante o del adulto en letras de molde: _____

Firme del padre del participante o del adulto: _____ Fecha: _____



SACRED HEART SCHOOL

10770 Henderson Road

Ventura, CA 93004

(805) 647-6174 FAX (805) 647-2291

Field Trip To: *Grade 4 will be going to Olivas Adobe in Oxnard*

Educational Objectives of Field Trip: **to experience life in the rancho era.**

Time and Date: *Wednesday, February 4, 2015 departing school at 8:30a and returning to school at 1:00p.*

Cost: **20.00**

Means of Transportation: **Bus**

*Students will wear a uniform top, jeans and bring a jacket or sweatshirt.
Students will be bringing a sack lunch and a drink.*

I request that my son/daughter, _____ be permitted to participate in the above field trip. As condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of participating in the field trip described above whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in the trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

Parent/Guardian

Date

Home Phone

Work Phone

**No student may attend a class field trip without this signed parent permission form.
Permission by parents may not be given over the telephone.**