



Student Activity Overnight Trip Authorization and General Release

I/We _____ and _____ parent(s) or guardian(s) of _____ hereby grant permission to the Vail Unified School District to allow my/our child to participate in the following school sponsored activity:

FRC AZ East Regional

VAHS	Description of Event John Pyeatt
School	Teacher's Name

Date(s): 3/20 – 23/2023 Leave time: 12pm Return time: 9pm

Mode(s) of transportation: School Van and mini-bus
school bus, school van, private transportation, public bus, charter transportation

ACKNOWLEDGEMENT OF RISK

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in outdoor activities, children's failure to follow instructions of teachers and supervisors, communicable illness, and independent acts of third parties not under the control of the Vail Unified School District staff. In order to minimize risks to my child or other participants, I/We will take responsibility to see that my child is properly prepared for all activities and is in good health at the start of the trip. I certify that my child is healthy and capable of attending and participating in such activities and trips without risk of danger to himself/herself or others.

I do hereby release and discharge Vail Unified School District, its employees, administrators, successors and assignees, and any persons selected by Vail Unified School District to accompany my child (hereinafter referred to as "releasees") from all liability for any loss or damage, whether caused by the negligence of releasees or otherwise, and any and all actions, claims, demands, damages, costs, and expenses that in any way arise in connection with the aforementioned group activities and trips. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

If you do NOT want your child to attend this school sponsored activity, please check this box

Signature of parent/guardian _____
Date

MEDIA RELEASE

I give permission for my child to be photographed, filmed, and/or interviewed while attending Vail Unified School District events and activities and have it published in the newspaper and/or on the Vail Unified School District web site and/or Vail School District publications: (please check one)

Yes No

Signature of parent/guardian _____
Date