APPLICATION FOR FIELD TRIP – USE OF WATERCRAFT OVER 26 FEET
(Note: Washington State Ferries and Commissioned Naval Vessels are exempt)

SCHOOL: __________________________________________________________

Instructions: Please complete ALL of the information listed below and send directly to the BUSINESS OFFICE - ADMIN. BLDG. This form must be completed at least TWO WEEKS before the scheduled trip to ensure this planned activity has insurance coverage. Without insurance coverage, the activity will be canceled.

The three watercraft activities NOT covered by WSRMP are: water-skiing, river rafting or using a jet ski or similar craft.

USAGE
Date(s) of Use: ______________________________________________________

Location of Use: ____________________________________________________

Purpose of Use: ____________________________________________________

Number of people aboard: Students: ____ Employees: ____ Parents/Volunteers: ____

VESSEL
Length of vessel: _________ Type of Vessel: _____________________________

Identity of Vessel Operator/Owner: ____________________________________

Phone number: ________________________________

Operator/Owner’s Marine Liability Insurance*: Limits $: _____________________

Insurance Company: ________________________________________________

*PLEASE ATTACH A CURRENT CERTIFICATE OF LIABILITY INSURANCE naming the Issaquah School District as an additional insured.

Contact (Staff member): _______________________________ Ext: __________

Signature: ________________________________________ Principal ____________ Date __________

Date Received: ________________________________

Signature* _____________________________ Business Office _____________ Date __________

SEND DIRECTLY TO: Risk Manager– BUSINESS OFFICE

Adopted: 08/93 Last Revised: 03.16.05, 09.02.05, 02.08.06; 02.01.10; 08.2015; 04.30.17
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