

## ROPES/CHALLENGE COURSES- PARENT/GUARDIAN PERMISSION FORM

### ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

**This form is an addendum to the Field/Activity Trip Permission Form (Form 2320F1).**

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agree to the following:

Field Trip Destination: \_\_\_\_\_ Purpose \_\_\_\_\_

***Field trip activities may include warm-ups, games, group initiative problems (which could involve lifting), low and high ropes course elements (while in seat harnesses, students may be up as high as 40 feet or when swinging, up to 50 feet), climbing wall with ropes, climbing on ladders to access elevated platforms and other rigorous physical activities. All school rules and behavior expectations apply during all school sanctioned activities.***

I hereby give my permission for \_\_\_\_\_ who attends \_\_\_\_\_  
(Print Student's Name) (School Name)

to participate in a field trip on: \_\_\_\_\_  
(Date)

I understand that participation in challenge course and ropes course activities carries with it the inherent risk for physical injury, including but not limited to, bruises, cuts, broken or dislocated bones, emotional injury and the potential for other more serious injuries, including paralysis or death. I have discussed this potential with my child and I believe that my child has sufficient physical ability to safely and voluntarily participate in this program. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I hereby authorize the school district staff-in-charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither she/he, nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I understand that I am responsible for any costs associated with an accident or injury.

Please indicate, by signature below that you and your child understands the risks involved and **agree or decline participation in the Ropes/Challenge Course activity.**

**AGREE:** Being fully informed about the inherent risks mentioned in the paragraphs above, I hereby consent to the student named above participating in the Ropes/Challenge Course Field Trip.

Parent/Guardian Signature	Date	Student Signature	Date
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**DECLINE:** By signature below, I specifically request that the student named above *does not* participate in the Ropes/Challenge Course activity.

Parent/Guardian Signature	Date	Student Signature	Date
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