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: ___________________________________________ Date ____________

Date Received: ____________________________

Signature* ____________________________ Date ____________

SEND DIRECTLY TO: Risk Manager– BUSINESS OFFICE

Adopted: 08/93
Issaquah School District 411

Last Revised: 3.16.05; 9.02.05; 02.08.06; 02.01.10; 08.2015; 04.30.17