

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