

Parental Permission Release of Liability
And Authorization for Medical Treatment
Statement Regarding Photos/Videos

I, the undersigned, am a parent or legal guardian of the Minor Student named below. I voluntarily give my permission for the Minor Student to participate in **all Christian Unified Schools of San Diego (“CUSSD”) field trips and/or school-sponsored recreational activities for the duration of Minor Student’s attendance at any school in CUSSD’ district**, unless such permission is revoked in writing for a single field trip or recreational activity by sending written notice to the applicable school’s office by close of business at least one day prior to the field trip or recreational activity. I understand and agree that the Minor Student’s participation in CUSSD field trips and/or recreational activities is voluntary.

I acknowledge that by signing this RELEASE OF LIABILITY, I will be giving up certain legal rights on behalf of myself and the Minor.

Hereinafter, the terms “undersigned,” “I” or “my” when used in this RELEASE OF LIABILITY are meant to refer to me as the parent and/or legal guardian on behalf of myself and the Minor.

In consideration of the Minor Student’s participation in CUSSD field trips and/or recreational activities, I acknowledge and agree as follows, for myself, the Minor Student and the Minor Student’s heirs, representatives and assigns:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES CUSSD, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as “Releasees”) from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, while the undersigned is participating in field trips and/or recreational activities.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from any and all liabilities, claims, losses, damages, costs and expenses (including attorney’s fees) for personal injury, sickness or death, as well as property damages and expenses, arising from Minor Student’s participation in CUSSD field trips and/or recreational activities, except for acts of gross negligence or intentional conduct.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon CUSSD property or participating in field trips and/or recreational activities. The undersigned expressly agrees that this release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law.
4. THE UNDERSIGNED REPRESENTS that he or she as well as the Minor are familiar with the varied health risks associated with participating in field trips and/or recreational activities. The undersigned further understands that serious accidents or death can occur during field trips and/or recreational activities; and that participants in field trips and/or recreational activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risk of field trips and/or recreational activities, the undersigned hereby agrees to assume on his or her behalf and on behalf of the Minor those risks
5. I, the UNDERSIGNED, acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement
6. IF THE PARTICIPANT IS A MINOR, his or her custodial parent must read and execute this agreement. I hereby warrant that I am the legal guardian or custodial parent of the above-named minor child, and agree, on my own and said Minor’s behalf, to the terms and conditions of the foregoing agreement.

**Authorization for Medical Treatment
Statement Regarding Photos/Videos**

AUTHORIZATION TO TREAT MINOR

I, _____, am the [parent or parent having legal custody or guardian or caregiver and a relative] of _____, a minor (“Minor”). Under Family Code Section 6550, I may authorize medical and dental care for the aforementioned child.

I understand that an effort will be made to contact me prior to rendering treatment, but any of the treatment or emergency services below will not be withheld if I cannot be reached. Please note that to the extent there are any restrictions on medical treatment listed below, the Minor may be required to wear a MedAlert bracelet or similar notification device.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician, surgeon or dentist in the exercise of his or her judgment, may deem advisable for the Minor.

I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to him or her under the general or special supervision of and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

Further, I understand the Minor may be participating in a hazardous recreational activity that may result in injury.

I agree to pay for the Minor’s medical expenses, including the cost of emergency medical services, if he or she is injured. Should it be necessary for Minor Student to return home early from a CUSSD field trip or recreational activity due to medical, disciplinary or other reasons, I agree to provide transportation or assume all transportation costs.

This consent shall remain in effect from August 12th, 2019, through July 30th, 2020 (unless revoked at an earlier time).

SIGN HERE: _____
Signature of Parent or Guardian **Date**

PHOTOGRAPHY AND VISUAL/AUDIO IMAGES

CUSSD has permission to take and use visual/audio images of the Student, including, but not limited to, photographs, digital images, drawings, renderings, and audio or video recordings. Accompanying descriptions and captions may be used in any manner or media without notifying the Parent(s) in advance. These images will be used for educational and advertising/promotional purposes in a variety of media including, but not limited to, CUSSD web site, publications, broadcasts, advertisements, posters, television, and radio. The Parent(s) agree that CUSSD owns the images and all rights related to them.

SIGN HERE: _____
Signature of Parent or Guardian **Date**