

Amsterdam School District
Field Trip Release Form

Your child's class is participating in an educational trip. It is the policy of the Amsterdam School to require a liability release form to be signed before allowing the parent and student to participate on field trips with members of his\her class. If you would like to participate, please carefully read and sign this document.

As a parent or guardian, I understand that the school and the staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to participants regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow me and my child to participate in the referenced field trips, I agree to accept responsibility for any loss, damage, or injury to me or my child that occurs during our participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Amsterdam School.

It is further understood that I shall have the responsibility of advising participants named below of the risks, which are known or should be known, of such trips and I further agree to assume the responsibility of seeing that the participants named below cooperate and conform to the fullest extent with the school directions and instructions of the school officials in charge. Your signature on this paper verifies the statements in this section.

Name of Student(s) Participant:

Signature of Parent or Guardian: _____ Date: _____

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

Does your child have a medical condition which the school should be aware of before allowing them to participate on a field trip? Yes_____ No_____. If yes, please state the nature of the medical condition._____.

****Due to insurance regulations non-school aged siblings cannot ride****