

UPPER COLUMBIA ACADEMY

3025 E. SPANGLE-WAVERLY RD.

SPANGLE, WA 99031

(509) 245-3600; FAX (509) 245-3643

PARENTAL CONSENT FORM FOR OFF-CAMPUS ACTIVITIES

STUDENT NAME: _____ GRADE: _____

I/we the undersigned grant that my/our student participate in various off-campus school activities, including but not limited to: Advanced Biology Field Trip, ASB Church, backpacking trip, Band/Ensemble tours, banquet outings, Biology field trip, Bloomsday, Choir/Chorals tours, Choral Concert in Spokane, class field trips, class parties, club/dorm outings, drama trip, counseling / dentist / doctor / physical therapy or other appointments, Fall Picnic, Freshman campout, Fox Concert, 4-yr Senior Trip, Gymnastics Shows/Tours, home leave transportation, H.O.P.E. Taskforce, Jr. Varsity and Varsity games, mission trips within the United States, NPUC Bible Conference, Octet tours, outreach projects, perfect attendance outings, Pathways outings, Rec Ski, recreational activities, Sabbath afternoon activities, Saturday Night Activities, Senior Survival, Senior Trip, staff outings, Student Week of Prayer Retreat, Track and Field Day, trips to the airport/bus station/mall/shopping, videography field trip, visiting churches, WWU Band Clinic, WWU Days, WWU Fall Classic, and WWU Friendship Tournament. These may be day trips or overnight.

SCHOOL YEAR: 2014/2015

DEPARTURE TIME: Varies RETURN TIME: Varies TRANSPORTATION: Boat, Bus, Car, Ferry,
Plane, Suburban, Van

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my student to cooperate and conform with directions of the supervising personnel.

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my student, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

RELEASE OF CLAIMS AGAINST UPPER COLUMBIA ACADEMY

As parent/guardian, I have granted, on behalf of my student, to participate in off-campus school activities. I understand that there are risks in my student's presence, transportation, and participation in these school-sponsored programs. I HEREBY AGREE ON BEHALF OF MY STUDENT TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR CAUSED BY MY STUDENT'S PRESENCE AND PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE THE SCHOOL, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES FROM ALL ACTIONS OR CLAIMS THAT MY STUDENT, MY STUDENT'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY STUDENT'S PARTICIPATION IN THESE ACTIVITIES.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF MY STUDENT, AND THE SCHOOL, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____ Phone: _____