



Risk Management
2407 LaPorte Ave
Fort Collins CO 80521
970.490.3506

Student Permission Form for Field Trip (One Day or Less)

Note to Parent/Guardian: In order for your child to participate in this field trip, you must complete Emergency Contact and Permission section on Page 2 of this form and return the completed form by:

School: Preston MS Field Trip to: EPIC Pool and Ice Center
Date of Field Trip: 12/10, 12, 13/18 Departure Time: 7:45 am Return Time: 12:30 PM

Will this field trip occur outside of normal school hours? No Yes

Grade: 7-8th Estimated # of Students: 25-33

Activities Involved:

SCUBA Diving, Kayaking, Swimming

Transportation: Private Vehicle* PSD Bus Parent/Guardian Responsibility
 Walking Public Transportation Other: Parent Carpool

* Select all that apply from the following:

PSD Employee PSD Parent Volunteer PSD Student

Each driver must complete the required form(s) and be approved by the building principal.

*Name of Driver: _____

Special Instructions (e.g., items students should bring):

Swim Suit, Towel, Lunch

Special Procedures and Considerations

Your child's participation in the field trip is voluntary. **Your written consent on the second page of this form is necessary for your child to participate.**

- Field trips may potentially involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to personal property. You are encouraged to inquire in advance concerning the nature, details, and potential risks of this field trip.
- Your child shall be subject to the *Poudre School District Code of Conduct* at all times related to his/her participation in the field trip. As a condition of participating in the field trip, your child shall also be required to comply with all instructions and safety precautions communicated by school officials.
- The School District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with the field trip, and any injuries or damages arising out of or in connection with the field trip may therefore not be covered by School District insurance. For these reasons, it is recommended that you obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to your child, and damage to or destruction of property belonging to you or your child, which may arise out of or in connection with your child's participation in the field trip. **The School District has information available regarding accident and health insurance that may be purchased to cover your child's participation in the field trip. You may enroll at <https://www.psdschools.org/risk-management/student-insurance> or obtain a brochure through the school office.**

Principal Review:

Approved Denied
of Adult Chaperones Required: _____
Special qualification required of chaperones OR reason(s) for denial:

Principal's Signature: A. Schme

Date: 9/18/18

Field Trip To: _____ Field Trip Date: _____

Emergency Contact and Permission

Emergency Contact Information:

Parent/Guardian: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Parent/Guardian: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Other Contact: _____ Cell Phone: _____

Work phone: _____ Home phone: _____

Is this Field Trip occurring outside normal school hours? No Yes

If Yes:

- My child will not need any medications administered during this field trip.
- My child will need medication(s) administered during this field trip and:
 - I will be attending the field trip and will be responsible for carrying and administering the medication(s) to my child.
 - I will be attending but will not be responsible for carrying and administering the medication(s) to my child and will need a District employee to carry and administer the medication(s).
 - I will not be attending and will need a District employee to carry and administer the medication(s).

Field Trip Permission and Assumption of Risk:

I hereby grant permission for my child, _____, to participate in the field trip and associated activities described on page 1 of this form, subject to the *Special Procedures and Considerations* specified on page 1 of this form. In consideration of Poudre School District allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the School District and its board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with my child's participation in the field trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the field trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

Signature of Parent/Legal Guardian Date

Signature of Student (if over 18) Date

Original — Keep on file at school for 3 years.
Forward original to Risk Management if any incident occurred on this field trip involving this student.



Please make sure all applicable highlighted areas are filled out completely in pen. Students who answered "YES" to any Medical Question must have a Physician's approval signed off by a Physician (See Page 3).
 Students under the age of 18 must have parental or guardian signatures on Privacy Statement, Medical Questionnaire, Minor Waiver Release and Risk Awareness Verification. Students under the age of 15 must also have a parent or guardian view the Risk Awareness Video for minors AND sign.

TRY SCUBA AND TRY SCUBA DIVING RECORD CARD

PERSONAL INFORMATION

Name _____
 Street _____ City _____
 State _____ Zip _____ Country _____
 Date Of Birth _____ Male / Female _____ Phone (H) _____ Phone (W) _____
 Email Address _____
 Dive Professional Name _____ Dive Professional Number _____

EMERGENCY CONTACT

Name _____
 Relationship _____ Phone (H) _____ Phone (W) _____
 Street _____ City _____
 State _____ Zip _____ Country _____

I understand and agree that for the purpose of dive professional training and for verification of my certification, SSI will retain the personal information I have provided to them during my training with includes, but it is not limited to, my name, mailing address, email address, phone number, date of birth, photograph, and diver professional certification number. This personal information will be stored in SSI's database, also referred to as ODIN. SSI will take reasonable steps to ensure that this data is protected, and I will be given a username and password which will allow me to access the SSI database and verify that my personal information contained therein is correct, current, and accurate. I consent to SSI, an SSI authorized affiliate, or an SSI subsidiary, accessing this information for purposes of verifying my scuba diving experience.

Signature Required _____ Date _____
 Signature Of Parents Or Guardians Where Applicable _____ Date _____

Become an SSI Open Water Diver.

Diving is the greatest sport imaginable. It's fun for everyone, regardless of your age, level of ability, or the level of adventure you want. It's perfect for families, couples and singles. Talk to your instructor about enrolling in a scuba course so you can get certified to dive anytime you want. Or find an SSI Training Facility near your home at www.diveSSI.com.

SSI TRY SCUBA MEDICAL QUESTIONNAIRE

Please Read Carefully Before Signing

The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in the Try Scuba Diving program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to any in-water activities.

Diving is an exciting and demanding activity. When performed correctly, applying the correct techniques, it is very safe. However, when established safety procedures are not followed, there are dangers. Diving can even be strenuous under certain conditions. Therefore, you must not be out of condition or extremely overweight.

To safely scuba dive, your respiratory and circulatory systems must be in good health. This simply means that all body air spaces need to be normal. A person with heart trouble, a cold or congestion, epilepsy, asthma, severe medical problems or who is under the influence of alcohol or drugs should not dive. If you are taking medication, consult your physician and dive professional before participating in this program. If you have any additional questions regarding this Medical Questionnaire, review them with your dive professional before signing.

During this program, your dive professional will teach you important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury and you must be instructed in its use under the direct supervision of a qualified dive professional to use it safely.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we request that you consult with a physician prior to participating in scuba diving. Your dive professional will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

Do you have a history of ear or sinus surgery? _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery? _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure? _____

Are you currently suffering from a cold, congestion, sinusitis or bronchitis? _____ Do you have active asthma or history of emphysema or tuberculosis? _____ Are you over 45 and have a family history of heart attack or stroke? _____

Are you presently experiencing any ear problems? _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities? _____ Do you have a history of bleeding or other blood disorders? _____

Ear infection? _____ Are you having behavioral health, mental or psychological problems or a nervous system disorder? _____ Do you have a history of diabetes? _____

Ear disease? _____ Do you have behavioral health, mental or psychological problems or a nervous system disorder? _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them? _____

Loss of hearing? _____ Problems with balance? _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery? _____

Do you have a history of respiratory complications? _____ Are you or could you be pregnant? _____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)? _____

Severe hay fever? _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery? _____

Allergies? _____ Lung disease? _____

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____ Date (DD/MM/YY) _____
 Signature of Parent or Guardian _____ Date (DD/MM/YY) _____

SSI WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the legal guardian. Liability Releases are not applicable in every country. Please ask your Dive Center/Resort if this form needs to be signed.

High Plains Scuba Center

(PARTICIPANT'S NAME) HEREBY acknowledge and agree that SNORKELING/SCUBA DIVING/RECREATIONAL REBREATHING IS A POTENTIALLY DANGEROUS ACTIVITY and involves the risk of serious injury and/or death and/or property damage. I FURTHER ACKNOWLEDGE that diving with compressed gas involves risks and injuries that can occur which require treatment in a medical facility and/or recompression chamber. I UNDERSTAND that open water diving trips, which are necessary for training and certification or for other diving activities, may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

I UNDERSTAND AND AGREE that snorkeling, scuba diving and related activities involve physical exertion in a marine environment that expose me to risk of injury or death from heart attack, panic, hyperventilation, hypothermia, drowning, fatigue and exhaustion, as well as from wind and weather conditions, tides, currents, waves, equipment failure, interactions with watercraft, swimmers and aquatic life, rocks, docks, pilings, buoys and other potential hazards, any or all of which may not be visible, known or anticipated, and I agree these are all INHERENT RISKS of my chosen activity. I HEREBY ASSUME ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the NEGLIGENCE of the Releaseses or otherwise.

To the fullest extent allowed by law, I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Schools International or any of its parent, subsidiary or affiliated companies ("SSI"), as well as

DIVE CENTER/DIVE RESORT/DIVE SCHOOL the dive center / dive resort / dive school, all of their instructors and dive professionals, and all of their parent, subsidiary or affiliated companies, agents, employees, officers, directors, owners or sponsors (the "Releaseses") FROM ALL RESPONSIBILITY OR LEGAL LIABILITY TO ME, my personal representatives, assigns, heirs and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN OR FROM MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HEREBY SEPARATELY agree to INDEMNIFY and SAVE and HOLD HARMLESS the Releaseses from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the NEGLIGENCE of the Releaseses or otherwise.

I HEREBY ACKNOWLEDGE THAT INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENCE RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releaseses, INCLUDING NEGLIGENCE RESCUE OPERATIONS.

This document constitutes the FINAL AND ENTIRE AGREEMENT regarding the subjects it covers, and it is binding upon the heirs, successors and assigns of the parties even if die or become incapacitated. This document supercedes any and all other documents

and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss

(Signature Required)

Name (Please Print)

MINOR WAIVER RELEASE VERIFICATION

As parent or guardian, I am signing this document on behalf of my minor child and on behalf of all of the child's parents and guardians, and we agree to be specifically bound to all the terms and conditions of this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, and fully understand its terms, understand that we have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me.

I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releaseses in the event of a claim or suit by or on behalf of the minor child. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the dive leader prior to commencement of the minor child's snorkeling or scuba activities.

Minor Participant's Name

Name (Please Print)

Minor's Parent/Guardian's Name

Name (Please Print)

(Signature Required)

Date (DD/MM/YY)

Date (DD/MM/YY)

RISK AWARENESS VERIFICATION

with the dive professional the potential dangers incidental to engaging in the course and/or activity of snorkeling/scuba diving/recreational rebreather diving and related diving operations.

Participant's Name

Name (Please Print)

Witness

(Signature Required)

Date (DD/MM/YY)

Name (Please Print)

(Signature Required)

Date (DD/MM/YY)

Minor Participant's Name

Name (Please Print)

Minor's Parent/Guardian's Name

Name (Please Print)

(Signature Required)

Date (DD/MM/YY)

NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.

STUDENT

(Please print legibly)

First Name		Date of Birth	Age
Street			
City	State	Zip Code	
Home Phone		Business Phone	
FAX		FAX	

Name and address of your family or primary care physician:

Physician	Date of last physical examination
Clinic/Hospital	Name of examiner
Address	Clinic/Hospital
Phone	Address
	Phone

Were you ever required to have a physical for diving?

Yes

No

If so, when?

PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

PHYSICIAN'S IMPRESSION:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks

(Guidelines available at: http://www.highplainsscuba.com/assets/guidelines_physical_examination.pdf)

I HAVE REVIEWED GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION.

Physician's Signature _____ M.D. _____ Date _____

Physician _____ Address _____

Clinic/Hospital _____ Phone _____

