

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**District Department of the Environment**



**PERMISSION FOR STUDENT TO PARTICIPATE IN ACTIVITY OR FIELD TRIP**

**MEDICAL AUTHORIZATION**

**ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISKS, AND RELEASE**

**Name of Activity/ Field Trip:** \_\_\_\_\_

**DC School:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

**Activity Times:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Please return this form to \_\_\_\_\_ **before** your child participates in the activity/field trip.

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.**

**I acknowledge and agree as follows:**

1. [If the student is under 18 years of age] I hereby give permission for my child, \_\_\_\_\_ [name], to participate in the activity/field trip listed above.
2. As the parent or legal guardian of a child under 18, or as a student 18 years of age or older, I acknowledge that I must sign an Acknowledgement of Risks, Assumption of Risks, Medical Authorization and Release Agreement for my child before he or she can participate in the activity/field trip listed above.
3. My child will perform only those tasks assigned, will observe all safety rules, and will use care in the performance of all activities. If I participate in the activity/field trip, I will perform only those tasks assigned to me, will observe all safety rules, and will use care in the performance of all activities.



4. I acknowledge that there are risks associated with the activity/field trip list above, and I agree to assume all such risks.

5. Should it be necessary for my child to receive medical treatment while participating in this activity/field trip, I give District of Columbia Government personnel permission to use their judgment to obtain medical services for my child, and I give permission to the physician selected by District of Columbia Government personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District of Columbia Government has no insurance covering any medical or hospital costs incurred in connection with this activity/field trip, and that any costs incurred for such treatment shall be my sole responsibility.

Please check the appropriate line or lines below:

I am covered by accident/medical insurance (if you will be participating)

My child is covered by accident/medical Insurance.

My child is not covered by accident/ medical Insurance.

**6. I agree to release and not to sue the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia** in regard to any and all claims, liabilities, suits, or expenses (hereafter collectively “claims”), **including claims caused or alleged to be caused by negligence**, for any injury, damage, or other loss to me or my child in any way connected with my child’s participation in the activity/field trip listed above. **I agree to waive all claims I or my child may have against the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia arising out of or in any way relating to the activity/field trip listed above** and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against the District of Columbia or any agency, employee, officer, agent, or representative of the District of Columbia arising out of or in any way relating to the activity/field trip listed above.

7. I agree to discharge, indemnify and hold harmless the District of Columbia; any agency, employee, officer, agent, or representative of the District of Columbia; and all sponsors and participating volunteer organizations and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of the activity/field trip listed above.

**8. I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY CHILD AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.**

**Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect. All adults participating in the field trip/activity (including students 18 years of age or older) and the parent or guardian of any student under 18 participating in the field trip/activity are trip are required to sign below.**

\_\_\_\_\_  
**Parent, Guardian, Participating Adult, or Student 18 Years of Age or Older [Print Name]**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact Information / Telephone Numbers**

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**If you do not understand this form please contact** \_\_\_\_\_  
**Principal / Representative**