



Shiver & Shake

Benefiting CMS' Sparrow Emerson

Wednesday, March 18th

12:45am-2:00pm

Permission slips required

Please bring completed slips to Sparrow box located next to the main office with your donation of \$5.00 or more no later than **Friday, March 13th** (checks can be made out to Sparrow Club)

Wear P.E. uniform, bring towel, plastic bag for wet clothes, street clothes plus coat and hat for the walk back to the school.

All students walk there and back together with staff. *Parents cannot give permission for students to walk home from the Athletic Club.*

Parents are welcome to jump in too!

(please keep this page to reference information about the event)

Informed Consent/Participant Release – Parent/Guardian Authorization

I hereby grant permission for my daughter/son: _____

(Name of student)

to participate in: Shiver and Shake, March 18th, 12:45am-2:00pm

Bend-La Pine Schools (District)

This trip is an optional activity and attendance by your students is not required. An alternative activity at school will be provided if you do not give permission for your student to participate. Your student will be expected to make up any missed work in other classes due to this trip.

1. I understand all students going on the trip will be responsible to the supervisors for their conduct and are subject to all rules and regulations of the school and Bend-La Pine Schools (District).
2. I understand students are required to go and return from this event on the transportation provided, unless prior arrangement has been made and agreed to in writing by the school administrator or teacher. Trips begin and end at the school of origin or designated location.
3. I understand there will be times during the trip when an adult may not accompany my student or the ratio of students to adults may be more than 15 to 1.
4. I hereby acknowledge I have been advised activities involved with some trips may be inherently dangerous.
5. I understand there is no insurance provided by the school or District for this trip although the District has made student accident insurance available for purchase at my expense.

Athletic Club of Bend (ACB)

I, the parent or guardian of the above named participant understands the possibility of injuries resulting from activities sponsored by the Athletic Club of Bend (ACB). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless ACB and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against ACB, its directors, employees and agents. I understand there is no insurance coverage provided by ACB for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of ACB, is involved in the transportation of participant in connection with ACB activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or trained emergency care technician may provide such treatment. I agree that ACB may use, produce, disclose and distribute participant's name and/or likeness and the information included on this registration form by ACB. I acknowledge that I have read, fully understand and accept the above provisions, payment and refund policies and I recognize that ACB is relying on such acceptance in permitting participant to engage in ACB activities.

Authorization to treat minor: In the event I cannot be contacted, I hereby give permission to the school staff/ACB staff to secure proper treatment for my student and agree to be financially responsible for any expenses incurred for any necessary treatment resulting from this trip. I have read and understand the trip information materials.

List any medical needs or conditions of student: _____

Swimming ABILITY (circle one): Beginner Intermediate Advanced

My signature acknowledges and agrees with Bend-La Pine Schools (District) and Athletic Club of Bend waiver requirements.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Parent/Guardian Phone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____