

7. I have adequate insurance to cover any injury or damage I may cause or suffer while using the facilities or equipment of Catalina Foothills Community Schools, or I agree to bear the cost of such injury or damage myself.
8. To my knowledge, I am in good health and have no physical limitations that would be preclude my safe participation in climbing activities. I assume the risk of injury arising from any medical or physical condition I may have, whether or not I disclose that condition to Catalina Foothills Community Schools.
9. I acknowledge that I am responsible for the safety of all personal equipment I use while participating in activities involving Catalina Foothills Community Schools, and I use all personal equipment at my own risk.
10. If any portion of this agreement is determined to be void or unenforceable, the remaining portions shall remain in full force and effect.
11. I have read, understand and agree to obey the safety rules of Catalina Foothills Community Schools. I have had all questions answered to my satisfaction, and have read and agree to all of the above.

Participant Agreement:

I _____ (participant's name), understand that I must adhere to and follow all Catalina Foothills School District governing board policies, and failure to do so may result in my removal from any class(es) in which I am enrolled on a temporary or permanent basis, to be determined by Community Schools and its employees. I agree to abide by the rules and expectations below while participating in the above named field trip:

- Turning off all electronic devices.
- Respecting other students and their opinions. No type of harassment will be tolerated.
- Respecting, listening to, and immediately obeying the instructions (verbal and/or written) of the instructors.
- Refraining from foul language.
- Not exhibiting disruptive behavior.

Participant Signature

Date

Parent/Guardian Release and Agreement:

I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation, which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies, and that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. In the event of dismissal from this trip, I agree that I will pick up my child immediately at the location given or determined by the instructor(s).

Parent/Guardian Signature

Date

IF WE NEED TO CONTACT YOU:

Name of Father: _____ Name of Mother: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Name and phone number of friend or relative who could locate you in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Regular Medication Required: _____

List any chronic ailments: _____

Allergies (Food, Drug, Insect, etc.): _____

I/We further understand that the school district does not carry a medical insurance policy to cover injuries sustained in this program. Insurance is the responsibility of the parents or guardians.

I/We do have medical insurance for the participant named above. Yes _____ No _____

Insurance Carrier: _____ Policy #: _____