



**COMMUNITY
EDUCATION**
adult academic



Permission Slip and Waiver Form

I agree to participate in off-site classes and field trips associated with the Adult Academic Program, including transportation to and from such off-site classes and field trips. I may inform my teacher of my desire not to participate.

I am aware of the inherent risks associated with these activities and that all risks cannot be prevented.

Should I require emergency medical treatment, I consent to such treatment.
I acknowledge that the school district does not provide accident or health insurance for students, and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment.

To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees and volunteers, from any claims for damages or injury to my child or property, which may arise from my participation in the above program and all related activities.

This release and holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees and volunteers that cause me harm. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arises out of my participation in this program.

Signature _____ Date _____

I authorize the use of my photo for publicity flyers, articles brochures or videos produced by the Robbinsdale Area Schools or by the local media (TV, newspaper, etc).	
Yes <input type="checkbox"/>	No <input type="checkbox"/>