

**COLORADO SPRINGS SCHOOL DISTRICT 11 FIELD TRIP PERMISSION FORM**

**CIVA CHARTER SCHOOL  
4635 Northpark Dr, Colorado Springs, CO 80918  
719.633.1306**

I, (print name) \_\_\_\_\_ am the custodial parent and/or legal guardian of:

(print name of student) \_\_\_\_\_

I give my permission for the student to participate in the following activity: **Fall OLE at Crooked Creek, Fraser, Colorado, Sep 14 – Sep 16, 2021.**

**Is participation in the activity mandatory?**

I acknowledge that the student's participation in the activity is a privilege and is completely voluntary.

**What about insurance?**

I understand that the School District is not responsible for insuring me or the student with regard to the student's participation in the activity or any fund raising event associated with the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate.

**Is the School District responsible for damages or injuries that may occur during the activity?**

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity or any fund raising event associated with the activity. The School District and its employees have not waived these protections and immunities

By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless the School District and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by the School District. I understand that for purposes of this Form, the term "employees" includes the School District's directors, employees, servants, and volunteers.

**I acknowledge that I have read and understand this Standard Permission Form.  
(Read carefully before signing)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Emergency Contact: Name & Phone

\_\_\_\_\_  
Work Phone / Cell Phone / Home Phone