



**ANCHORAGE SCHOOL DISTRICT
ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY
DOMESTIC TRAVEL WITHIN THE UNITED STATES AND ALASKA**

PLEASE READ CAREFULLY BEFORE SIGNING. THIS FORM AFFECTS YOUR LEGAL RIGHTS.

I certify that I am the parent or legal guardian of the minor child listed below (the "Participant") and that I am legally responsible for the well-being of the Participant. I request that the Participant be given the opportunity to take part in the applicable school activity listed below, which will require travel to the designated location within the United States (the "Trip"). In consideration of the educational benefits and opportunities afforded the Participant by participation in the Trip, I, on behalf of myself and the Participant, state and unconditionally agree as follows:

When the Anchorage School District (the "District") is referenced herein it shall include the District, its board members, administrators, officers, employees, volunteers, chaperones, parents, legal guardians, students, agents, attorneys, insurers, representatives, designees and assigns.

I understand that participation in the Trip involves inherent risks, which include, but are not limited to, dangers associated with public and private transportation, such as motor vehicle accidents and aircraft crashes; illness due to changes in altitude; sickness caused by a change in climate; exposure to foodborne and waterborne illnesses; motion sickness; traversing unfamiliar areas, which increases the likelihood of slipping or tripping; and becoming lost or separated from the group. All of these risks could cause personal injuries and property damage. While unlikely, these risks could also cause serious illness, injury, and even death. After having conducted my own investigation of the risks related to participating in the Trip, I understand these risks and assume them willingly on behalf of myself and the Participant. I certify that I have informed the Participant about the potential dangers associated with traveling and any precautions that should be taken.

Throughout the duration of the Trip, I hereby grant to the District and any Trip chaperones authorization and consent to any emergency medical treatment of any kind for the Participant, and that such action shall be subject to the terms of this Acknowledgement of Risks and Release of Liability. I hereby authorize any provider of medical services to rely on this consent.

Considering the current COVID pandemic, and the fact that a person increases their chances of contracting this virus if they are in close proximity with others, which inevitably increases during travel, participating in the Trip increases the potential exposure. As a condition of participating in the Trip, the Participant (and anyone who could legally stand in the Participant's place) agrees to assume all risks arising from the perils associated with COVID, including contracting the virus, which could lead to serious illness and even death. In addition, if the Participant contracts COVID, it is understood that he/she will be segregated from the group, isolated and required to quarantine prior to returning home. If the Participant contracts COVID and is required to quarantine, the chaperones and/or District representatives will be unable to stay with the Participant during the period of quarantine. Therefore, the parent and/or legal guardian of the Participant expressly agrees to immediately take action to ensure that an individual over the age of 25 years will travel to the location of the Participant and take over supervision and responsibility of the Participant. The parent or guardian specifically agrees to take over custody of the Participant as soon as possible, but in no event more than 48 hours from when it is first learned that the Participant has COVID and must quarantine. In this regard, the parent and/or legal guardian of the Participant agrees to assume all financial liability for the costs in the event the Participant is required to quarantine, including the cost of having an individual travel to the location of the Participant to supervise the quarantine, the increased travel expenses incurred due to having to quarantine, and all other associated costs.

I, ON BEHALF OF MYSELF, THE PARTICIPANT, AND ALL HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, AGREE TO FOREVER RELEASE, INDEMNIFY AND HOLD THE DISTRICT HARMLESS FROM ANY CAUSES OF ACTION, CLAIMS, COSTS OR DAMAGES, THAT IN ANY WAY ARISE OUT OF, RESULT FROM, OR PERTAIN TO THE PARTICIPANT'S PARTICIPATION IN THE TRIP, EVEN WHEN CAUSED BY THE NEGLIGENCE OF THE DISTRICT AND/OR ITS AGENTS AND REPRESENTATIVES.

Warning: This Liability Waiver/Release Agreement is a binding contract that prevents you, the Participant, and your collective heirs, representatives, executors, administrators and assigns from bringing any lawsuit against the District arising out of or pertaining to the Participant's participation in the Trip, including but not limited to any negligence claims. This document affects your substantial legal rights and remedies. Please read it carefully before proceeding.

UNDERSTANDING ALL OF THE ABOVE, I HEREBY UNEQUIVOCALLY AGREE TO THE TERMS OF THIS LIABILITY WAIVER/RELEASE AGREEMENT.

Location and Description of Trip: _____

Name of Minor Child or Participant: _____

Signature of Parent or Legal Guardian/Participant if Over 18: _____

Printed Name of Parent or Legal Guardian: _____

Work Telephone: _____ Cell Telephone: _____ Date: _____