

BERKELEY UNIFIED SCHOOL DISTRICT

**PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION**

Name: _____

Destination/Nature of Activity: _____
(Please be specific, e.g., Attend concert at UCLA.)

Purpose of Your Attendance: _____
(Chaperone, etc.)

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Method of Transportation: School Bus/Vehicle Walking Other: _____

As provided for in California Education Code Section 35330, I agree to hold the Berkeley Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature Date

Address: Number Street Work () _____

Home () _____

City State Zip Code

Health Insurance Company: _____ Policy Number: _____
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: Number Street Work Phone () _____

Home Phone () _____

City State Zip Code

If there are any special medical instructions, kindly attach an explanation to this sheet.