

Code: IICA-AR Form 4, p. 1

## Tigard-Tualatin School District Parent/Guardian Permission & Liability Release Form

Student Name:		Grade:
School:	Teacher:	Home Phone:
Address:		
Parent/Guardian Name:		Work Phone:
Parent/Guardian Name:		Work Phone:
Emergency Contact (Other T	Than Parent/Guardian	):
Emergency Phone:		
For swimming activities:		
Please identify if your child	is a "swimmer"	or "non-swimmer"
*Non-swimmers are required	d to wear life vests at	all times and stay in the shallow areas.
ACTIVITY:		
Date of Trip:		Location of Trip:
Departure Time:	_ Return Time:	Transportation Type:
Notes:		
I, the parent of the above nar described activity.	med student, grant pe	rmission for my child to participate in the above-
and all rights and claims for	losses and damage th	aforementioned activity, I (we) waive and release any lat I (we or our child) may have against Tigard-Tualatin n our representative, successors and assignees.
		onal accident insurance and payment of medical on in activities is my (we or our child's) responsibility.
	ies, I hereby authoriz	ncy medical treatment while participating in the see my child to receive emergency medical treatment as nce.
Dated this	day of	,
Signature of Pare	nt/Guardian:	



## **Tigard-Tualatin School District**

## WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Student Name:			
Grade:	Home Phone:		
Address:			
Parent(s)/Guardian(s) Names:			
Parent/ Guardian phone: Work:	Home:	Other:	
COVID-19 is extremely contagious and guidance, and personal discipline may	is believed to spread mainly f reduce this risk, the risk of se	e pandemic by the World Health Organizati from person-to-person contact. While rules rious illness and death does exist. ate the transfer of communicable disease	5,
COVID-19 especially when involved in		. Participation in	
	includes possible exposur	e to and illness, injury, or death from infe	<u>ctious</u>
diseases including COVID-19.			
In consideration for providing my child	the opportunity to participat	ce in	and
any related transportation to and from		events, both my child and I	
exposure to or illness or injury from an actions of the District or its employees estates, our heirs, our administrators, or also agree to release, exonerate, discharge.	infectious disease including ( or agents, to the fullest exter our executors, our assignees, narge and hold harmless the I	District and release it from liability for any COVID-19, including claims for any negliger at allowed by law, for myself, my child, our and our successors.  District, its Board of Directors, the individuant representatives from all liability, claims,	al
causes of action, or demands, including	g attorney fees, fines, fees, or n an infectious disease includ	other costs (e.g. medical costs) arising out ling COVID-19, which may result from or in	of
I further certify and represent that I ha released parties on behalf of myself an	-	ve, discharge, release, and hold harmless th	e
opportunity to participate in	·	lerstand its contents. <u>In exchange for the</u> , the above-named student and I freely uch, release District from all liability for an	
regardless of cause, and claims arising	from the student's participa	tion in	<u>•</u>
Student Signature		Date	
Parent/Legal Guardian Si	gnature	 Date	