

MAPLE HILLS PERMISSION FORM

I give Maple Hills Elementary my permission to bring my

* child or children _____ to the

Maple Hills Pool and supervise them while they are there. I accept full responsibility for this person while my children are in their care. They will abide by the Maple Hills Pool Rules.

* Parent or Guardian _____

Date _____

ISSAQUAH SCHOOL DISTRICT
WATER ACTIVITIES - PARENT/GUARDIAN PERMISSION FORM

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

This form is an addendum to the Field/Activity Trip Permission Form (Form 2320F1).

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination: Maple Hills Pool Purpose: 5th grade celebration

I hereby give my permission for _____ who attends Maple Hills
(Student's Name) (School Name)

to participate in a Field Trip on: June 15, 2017.
(Date)

Water Activity/Pool Guidelines – Please read and explain these **WATER SAFETY GUIDELINES** to your student:

- **Never enter the water without a certified lifeguard in the water activity/pool area.**
- **Do not run while on the pool deck.**

As an **optional** part of this field trip, water activities and/or a public swimming pool with lifeguards will be made available for his/her use. Every reasonable measure of safety will be provided for your child, but you need to be advised that this activity is **optional**. Although there will be certified lifeguards on duty, there are certain inherent risks involved in swimming/water activities, including the possibility of death, drowning, paralysis, serious physical injury, impairment of student's future ability to earn a living or to generally enjoy life.

I hereby assume all the risks normally associated with swimming/water activities and agree to hold the Issaquah School District, its employees, agents, representatives, coaches, and volunteers harmless from any demands, claims or action. I also agree that the aforementioned shall not be liable for any accident or injury or be responsible for payment of any bills for medical services resulting from the student's participation in this water/swimming activity. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Please indicate, by signature below that you and your child understands the risks involved and **agree or decline participation in the water activities.**

AGREE: Being fully informed about the Water Safety Guidelines and the risks mentioned in the paragraphs above, I hereby consent to the student named above participating in the Water/Swimming Activity.

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

DECLINE: By signature below, I specifically request that the student named above *does not* participate in the Water Activity.

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

