Sign + return front + back of form with \$ to sign-up for the color run!

ISSY COLOR RUN (2.5 Miles) OFF-CAMPUS PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

Your signature below gives your son/daughter permission to participate in the Issy Color Run on October 14th, 2016. This run will take your student onto the Issaquah Alps hiking trail behind Issaquah High School and along 6th Ave. SE, Bush St., and 2nd Ave. SE.

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. These activities provide a learning experience for the students and allows them an opportunity to apply their classroom learning.

Although I understand that the school district will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.

Being full informed as to these risks, I hereby consent to my student participation in field/activity trips mentioned above.

Student Name		
Parent/Guardian Name		
Phone Number ()		
Home Address		
(Signature of Parent/Guardian)	(Date)	
The Following regular/emergency medication	for the	e above names
student needs to be taken at	_(Time)	
[] The school office has it on file		
[} I will provide it along with the required Ad	Iministration of Medication Form.	

Event Day Instructions:

- 1. Use your race bib as your pass to get out of your 6th Period class
- 2. Present your race bib at the "Registration" table
- 3. Line up for the race on the track

Form - 2320F6

Policy Series: 2000: Instruction

ISSAQUAH SCHOOL DISTRICT

WALKING FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM

During the course of the school year, your son/daughter will have the opportunity to participate in educational activities that will require them to walk as a group, under adult supervision, to sites in the proximity of their school. Prior to the activity, the school will make a reasonable effort to notify parents of the event. Your signature below gives permission for their participation in these walking excursions, during this school year. Other field trips involving transportation will be handled with permission forms for each activity. Destination(s) Issaquah Color Run Route (2nd Ave, Sunset Ave, and Trails behind school) Teacher Erin Connolly ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE As a parent or guardian of a student requesting to voluntarily participate in a walking field trip, I hereby acknowledge that I have read, understood and agreed to the following:			
I hereby give my permission for	who attends		
I hereby give my permission for(Print Student' to participate in a field trip onfo	's Name) (School Name) or the purpose of Issaquah Color Run		
Student's address:			
Parent's home phone #Cell # Family physician_ Medical conditions, medication information or aller	Phone #Birthdate gies the district should be made aware of:		
In the event of an emergency, I wish the following prontacted: Name	person to be notified in case I cannot be Phone #		
I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity. I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.			
Signature of parent/Guardian	Date Work Phone		

Adopted: 12/92 Issaquah School District #411 Last Revised: 09.02.05;08.10.09;10.16.13
Page 1 of 1