

Snohomish School District No. 201
Snohomish, Washington

Out-of-Country Field Trip/Excursion Volunteer Consent Form

Volunteer Information

Volunteer Name: _____ School: _____

Home Address: _____

Phone Number: _____

Trip Information

Departure Date: _____ Return Date: _____

Destination: _____

Purpose of Trip: _____

Trip Cost: _____ Payment Date: _____

Volunteer Consent

I have read the enclosed itinerary and am aware of the activities of the proposed trip. I agree to return the signed itinerary and will provide the District with proof of medical insurance (with coverage out-of-country), as well as any medical needs/conditions I may have. I also agree to complete a Washington State Patrol check and submit a Criminal History Disclosure for to the District.

I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to participating in the activity. I also agree to hold harmless and indemnify Snohomish School District from all claims, liability, actions or lawsuits, except for acts or omissions of the School District involving the sole negligence of the School District.

Volunteer Signature

Date