



Risk Management
 2407 LaPorte Avenue
 Fort Collins, CO 80521
 970-490-3506

Out-of-State

Overnight Field Trip Release, Indemnity, Assumption of Risk and Power of Attorney

Parent/Guardian completes

This release, indemnity, assumption of risk and power of attorney made this _____ day of _____, 20____, is given by _____
Month Year Student name
 ("Student") and the Student's parent(s) or legal guardian(s) _____
Parent or legal guardian name
 ("Parent(s)") in favor of Poudre School District No. R-1 ("School District"). The mailing address for the Student's residence is _____
Student's address

Trip Sponsor Completes

In consideration of permission granted by the School District for Student to participate in an Overnight Field Trip to _____ from _____, to _____, ("Field Trip"), which Field Trip is described in Exhibit A attached hereto and incorporated herein by this reference, Student and Parent(s) hereby covenant and agree as follows:

Student and Parent(s) release and hold harmless the School District and its Board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the School District and its Board members, employees and/ or agents for any and all damages that may arise out of or in connection with the Field Trip, including but not limited to personal injury to the Student and damages that may arise from any action taken by _____ pursuant to the power of attorney granted herein. Person being named as Power of Attorney (most likely the sponsor)

Student and Parent(s), having carefully read Exhibit A and understanding and appreciating the risks and dangers that may exist in allowing Student to participate in the Field Trip, assume the risk of any and all damages, including personal injury, which Student may incur as a result of participating in the Field Trip. You are encouraged to consult your child's primary health care provider if you have any concerns regarding your child's participation in the Field Trip.

Parent(s) agree to indemnify, defend and hold harmless the School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury of any person caused by Student and/or for damages to or destruction of any property caused by Student, which may arise out of or in connection with Student's participation in the Field Trip. Parent(s) also agree to indemnify, defend and hold harmless the School District and its board members, employees and agents from and against any and all claims, liabilities and causes of action, including attorney fees and costs, for injury to Student and/or for damages to or destruction of property belonging to Student or Parent(s), which may arise out of or in connection with Student's participation in the Field Trip, including but not limited to any injury to Student or damages to or destruction of property belonging to Student or Parent(s) that may result from any action taken by _____ pursuant to the power of attorney granted herein. Person being named as Power of Attorney

Trip Sponsor completes

Parent(s) hereby delegate(s) to _____, whom Parent(s) designate
Person named Power of Attorney
as their attorney in fact for this purpose, all of their power regarding the custody and well-being of Student, including but not limited to any consent or waiver necessary for medical treatment or for any other reason requiring such waiver or consent, or to send the Student back home or to bail the Student out of jail, as needed during the Field Trip. This delegation does not include the power to consent to marriage or adoption. This delegation shall commence on _____
Date Power of Attorney is effective (most likely Trip Begin date)
and shall terminate on _____
Date Power of Attorney terminates (most likely Trip End date)

Student and Parent(s) understand that the School District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with the Field Trip, and understand that any injuries or damages arising out of or in connection with the Field Trip may not be covered by School District insurance. For these reasons, it is recommended that Student or Parent(s) obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to the Student, and damage to or destruction of property belonging to the Student or Parent(s), which may arise out of or in connection with the Student's participation in the Field Trip.

The School District has information available regarding accident and health insurance that may be purchased to cover Student's participation in the Field Trip. Student or Parent(s) may enroll at www.studentinsurance-kk.com or obtain a brochure through the school office.

Student and Parent(s) understand that the Student shall be subject to the School District Code of Conduct at all times related to Student's participation in the Field Trip. As a condition of participating in the Field Trip, Student shall comply with all instructions and safety precautions communicated by school officials. Parent(s) hereby agree that in the event of Student's repeated or serious violation of the Code of Conduct and/or failure to comply with instructions or safety precautions communicated by school officials, Student's participation in the Field Trip may be terminated early and Parent(s) may be required to pay all costs of sending Student home if deemed necessary by _____.

and if Parent(s) are informed in advance that Student is being sent home. *Person named Power of Attorney*

Student and Parent(s) understand that if the Student is injured or becomes ill and it is necessary for the Student to return home or for the Parent(s) to meet the Student to escort him or her home, the Parent(s) may be required to pay all costs.

Poudre School District shall have the authority to cancel or terminate the Field Trip and related on-site activities in accordance with its policies or best judgment. If the Field Trip includes travel to a foreign country or countries, the School District may cancel or terminate the Field Trip in consideration of international or political developments and/or State Department travel warnings.

Parent/Guardian and Student completes

We the undersigned Student and Parent(s) have read this release, indemnity, assumption of risk and power of attorney, including the attached Exhibit A, and understand all of the terms thereof, the nature of the Field Trip to which they apply, and the risks and dangers that may exist in allowing Student to participate in the Field Trip. We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Parent or Guardian Name

SIGNATURE of Parent or Guardian

Date

PRINT Student Name

SIGNATURE of Student if 18 or older

Date

Original—Field Trip Sponsor takes on trip

Copy—Remains at school with In-house Trip Sponsor

Post Trip: *Original — Keep on file at school for 3 years.*

Forward original to Risk Management if any incident occurred on this field trip involving this student.

EXHIBIT A

School: Fort Collins High School **Class/Program:** Theater

Trip Sponsor: Jason Tyler

In-House Sponsor: Robert Larson

In-House Sponsor's Emergency Phone Numbers: 970-488-8007 970-566-0604

Destination(s):
New York, NY

Departure Date: 03/18/2026 **Return Date:** 03/21/2026

Lodging:
Hotel

Mode(s) of Transportation: Charter Bus, Commercial Airline, Walking, Transportation arranged by Tour Company, Parent/Guardian Responsibility

If private vehicles are being used, the following applies:

- PSD employee (*Employee Field Trip Driver Acknowledgement* must be completed for each driver)
- PSD parent volunteer (*Volunteer Field Trip Driver Application* must be completed for each driver)
- PSD student volunteer (*Volunteer Field Trip Driver Application* must be completed for each driver)

Activities & Potential Risks:

Travel in and around an urban environment may potentially involve risk of personal bodily injury, including death, and property loss which include but are not limited to those resulting from: Local weather conditions; accidents or collisions involving planes, trains, automobiles, or other modes of transportation; falling; theft, vandalism, gang violence, abduction, or other criminal acts; use of hotel amenities such as exercise equipment, pools, or hot tubs; amusement park or waterpark rides and attractions; allergies; contact with strangers; separation from the group; possible exposure to COVID-19 and other communicable diseases; and all other hazards, risks, and dangers that exist and may occur in an urban environment not specifically named herein.

While in New York, students will see Broadway musicals, attend a Broadway Workshop, and go on a Radio City Backstage Tour. There may be additional activities and/or modes of transportation offered that are not disclosed to or directly approved by the District and may or may not have been included in literature or itineraries provided by the District. Parents are encouraged to inquire in advance concerning the details and potential risks of this portion of the field trip.

Participation in these activities can result in illness and/or injury including but not limited to serious illness; head trauma resulting in brain damage; neck and spinal cord injuries resulting in quadriplegia or paraplegia; concussions; dehydration; exhaustion; hypothermia; drowning; electrocution; anaphylaxis; food, insect or water borne illness; broken bones; muscle pulls; strains, sprains; joint dislocations; skin abrasions; contusions; splinters; serious burns or sunburns; psychological trauma; death; and all other serious injuries or impairments of a temporary or permanent nature.



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Emergency Contact and Health Information

School:

Destination:

Trip Dates:

to

Student name: _____

Date of birth: _____

Emergency Contact Information

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Other Contact: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Health Information

1. Please be aware that my child has the following medical conditions, mental or behavioral health concerns, recent illnesses, injuries or surgeries that may impact trip participation (please attach a separate sheet if necessary):

NOTE: If your child will need medication for any of the conditions listed above during the Field Trip, an Authorization and Release for Administering Medication to Student at School or School-Sponsored Activity form must be completed for each medication.

2. My child will be taking the following items on the Field Trip (e.g., glasses, contacts, hearing aid, glucose kit, etc.)

Parent/Legal Guardian Signature

Date