

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Certification of Swimming Ability Waiver, Release and Assumption of Risk for  
Voluntary Activity

Board Policy AR 6153

Name of Student/Participant: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Dates of Trip: From \_\_\_\_\_ to \_\_\_\_\_

As required by District policy, parents/guardians must provide written permission and indicate their child/ward's swimming ability prior to participation in the described activity.

Please check the line which best describes your child/ward's swimming ability:

Beginning Level (can swim 5 laps unaided in an Olympic-size pool)

Intermediate Level (can swim 20 laps unaided in an Olympic-size pool)

Advanced Level (can swim 50 laps unaided in an Olympic-size pool)

Junior Life Guard (attach certificate)

My child/ward may **NOT** participate in any snorkeling or swimming activities.

By my signature below, I certify that the information provided above is accurate and I hereby give permission for my child/ward to participate in the above-described activity. I realize that this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District curricular or extra-curricular program. I am aware that participation in this program presents a high risk of bodily injury including, but not limited to, injury by sea animals, drowning or other causes of wrongful death. The undersigned acknowledges being aware of these risks and voluntarily assumes all risks of bodily injury or death that may arise out of or in any way be connected with the above-described activity.



**PERMISSION FOR TRANSPORTATION IN PRIVATE VEHICLE**

(To be completed by parent, guardian or caregiver)

School \_\_\_\_\_ Grade \_\_\_\_\_

Destination \_\_\_\_\_ Date/Time \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to be driven to and from the above  
(Pupil's name)

field trip in a private vehicle, whose driver has provided all appropriate documentation including driver registration information, vehicle information, insurance information, driver statement, and has been approved by the District.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring or by reason of the field trip or excursion.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s) where I can be reached during this activity \_\_\_\_\_

Emergency number if I am not available \_\_\_\_\_

**GUIDELINES FOR USE OF PERSONAL VEHICLES**

1. A privately owned vehicle may be used to drive pupils to a co-curricular or extracurricular activity or field trip destination only if the vehicle is equipped with seat belts, one set for every passenger. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed (one seat belt per passenger). All passengers and the driver must use seat belts.
2. Pupils may be transported as passengers only as specifically authorized by the District.
3. The driver's vision must be unobstructed at all times.
4. Smoking is not permitted in the vehicle.
5. The driver should follow the most direct route to the destination and avoid unnecessary stops.
6. The limit on the distance for transporting students in private vehicles shall be a radius of 200 miles unless a specific written proposal is approved by the Superintendent or designee.
7. Use of personal vehicles where hazardous road conditions exist is prohibited (including hazardous conditions declared by the California Highway Patrol, or other city, county, state, or federal agencies authorized to monitor road conditions.)
8. Drivers must be 25 years of age.
9. **The Field Trip Driver Registration Form must be completed before a trip is authorized and shall be retained. However, new information must be on file with the Principal at the expiration of insurance or Driver's License. (Note: Driver's License, vehicle registration, and insurance information must be presented at time of completion of the form.)**

**Note: This form must be kept with the teacher during the entire activity, a copy must be kept on file at the school site, and a copy must be kept with the driver.**

Distribution: White-School, Yellow-Teacher, Pink-Driver (to be kept by Driver)

3-801

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**  
**PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY**  
**ASSUMPTION OF RISK AND**  
**MEDICAL TREATMENT AUTHORIZATION**

Name: \_\_\_\_\_

Destination/Nature of Activity: \_\_\_\_\_  
(Please be specific, e.g., Attend concert at UCLA.)

Purpose of Your Attendance: \_\_\_\_\_  
(Chaperone, etc.)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method of Transportation:     School Bus/Vehicle     Walking     Other: \_\_\_\_\_

As provided for in *California Education Code* Section 35330, I agree to hold the Palos Verdes Peninsula Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

\_\_\_\_\_  
Signature Date

Address:      Number      Street Work ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Home ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address:      Number      Street Work Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Home Phone ( ) \_\_\_\_\_

If there are any special medical instructions, kindly attach an explanation to this sheet.