

# WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG4

ADMINISTRATIVE GUIDELINE  
APPROVED: August 1, 2015  
REVISED:

## 121AG4 PARENTAL RELEASE AND INDEMNITY

IN CONSIDERATION of being given the opportunity for \_\_\_\_\_ (Student), to participate in the West Chester Area School District's study trip abroad (Trip), and intending to be legally bound hereby, I/we for myself/ourselves, my/our personal representatives, assigns, heirs and next of kin:

REPRESENT that I/we am/are the parent(s) or legal guardian(s) of the Student.

ACKNOWLEDGE and fully understand that travel to foreign countries involves risks and dangers of injuries and damages including, without limitation, social and economic damages, physical injuries including serious bodily injury, permanent disability, paralysis and death, and other injuries and damages not known or readily foreseeable at this time (collectively Risks). These Risks may be caused by the Student's actions or inactions, or the actions or inactions of others including the Releasees named below.

AND FURTHERMORE, I/we, the Student's parent(s) and/or legal guardian(s) hereby release, discharge, and covenant not to sue and agree to defend, indemnity and save harmless from all liability, claims, losses, or damages of the Student, sustained or alleged to have been sustained in whole or in part, during or as a result of the Trip, the West Chester Area School Board, the West Chester Area School Board Members, the West Chester Area School District, its administrators, officers, agents, employees, volunteers and organizers of the Trip (individually and collectively Releasees), and further agree that if, despite this agreement, I/we, the Student, or anyone on the Student's behalf makes a claim against Releasees or any of them, I/we will defend, indemnify, save and hold harmless Releasees, individually and collectively, from any litigation expense, attorney's fees, loss, liability, damages or costs as may be incurred that arise out of or in any way related to such claim.

BY SIGNING THIS DOCUMENT, YOU MAY BE GIVING UP IMPORTANT LEGAL RIGHTS AND ACCEPTING SIGNIFICANT LEGAL OBLIGATIONS. IF YOU HAVE ANY QUESTIONS CONCERNING THE EFFECT OF THIS DOCUMENT, YOU SHOULD CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number & street* *town/city* *zip*

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_