

Clark County School District Chaperone Liability Release Form

If completing form by hand, please print legibly and use blue ink.

Organizing School: _____ Grade Level: _____
Name of Group: _____ Group Advisor: _____
Trip Origination: _____ Trip Destination: _____
Beginning Date: Ending Date: Mode(s) of Transportation: _____

Description of Activities: _____ *Attach copy of trip itinerary to form with specifics.

Chaperone Name: _____ Date of Birth: Male
 Female

*Chaperones for elementary school day trips must be at least 18 years of age. Chaperones for middle/junior high, high school, and overnight trips must be 21 years of age or older.

Mailing Address: _____

Home Phone: _____ Cellular Phone: _____ Email Address: _____

Drivers license #: _____ DL Expiration: _____ Nevada Issued Other State

*Chaperones may not drive CCSD vehicles whether they are owned, borrowed, or rented. If not NV, list State of DL issue: _____

Please check appropriate box: Parent Community Volunteer CCSD Employee Work Site: _____
(Employee volunteering to chaperone - not assigned by administration)

I understand that as a volunteer chaperone, I am not considered an employee of CCSD, that there is no expectation of employment and that I am not eligible for or covered by workers compensation or any other benefits available to CCSD employees. Chaperones are expected to comply with all CCSD rules, regulations, standards of conduct and appropriate dress guidelines. I understand that failure to comply with any CCSD policy, regulation or direction may result in my being excluded from participation in the above-described event. Further, if any such failure is, in the sole discretion of the supervising administrator, deemed detrimental to the physical, emotional or moral well-being of any CCSD student, volunteer or staff, I may be required to leave the group and make separate arrangements for transportation home, which will be at my own expense. I understand that I will be responsible for paying any costs or expenses associated with my participation in this trip, including but not limited to transportation, meals, lodging and cost of admission to any activity or event that may take place on this trip. Further, I have reviewed the trip itinerary and represent that I am in good health and both physically and mentally capable of fulfilling my obligations as chaperone and participating in the travel and all scheduled activities associated with this trip. I understand that I may not participate in, and may subsequently be dismissed from this trip if I have not disclosed, prior to departure, any and all conditions, illnesses, disabilities or other medical needs that I may have which might interfere with my ability to perform all duties assigned to chaperones on this trip. Further, I acknowledge that in the event I sustain an injury, become ill or otherwise suffer a medical incident during the trip, CCSD's responsibility will be limited to providing me with first aid and summoning help if necessary. If the injury, illness or medical incident prevents me from traveling with the group, the event will continue on as scheduled and I will be responsible for my own transportation and expenses from that point. In the event that I am injured, suffer an illness or other medical incident during or as a result of the trip, I agree to hold CCSD, its employees, agents, volunteers, students and chaperones harmless from liability for any conduct thereby, not amounting to gross negligence. I understand that I will be solely responsible for any medical treatment, transportation or other expenses that may arise from any injury, illness or other medical incident arising as a result of the trip or my participation in any of the activities in connection therewith.

Chaperone Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

Please note any medical information: _____
(i.e. allergies, medications to avoid, current medications, etc.)