



15510 – 1st Ave. NE/PO Box 519 Duvall, WA 98019 ♦ (425) 844-4500 ♦ FAX (425) 844-4502

RIVERVIEW

District No. 407

School

Informed Consent Form - District Curriculum Related Activity

Riverview School District School: Carnation Elementary Panesko, Isler and Dix
(School Name) (Teacher)

_____ has my consent and authorization to participate in the following
(student's first and last name)
activity: Art experience: Ballet

which involves: Watching George Balanchine's *The Nutcracker* performance at McCaw Hall at the Seattle Center
on Thursday, December 7, 2023, leaving Carnation at 9:30 and returning at approximately 3:15.
(date of activity)

☐ I have attached payment

☐ I have paid via eFunds

Type of Transportation:

- ☒ District Vehicle
☐ Private Vehicle _____
Driver's name
☐ Commercial Transportation

*If a private vehicle is used, the individual driver is responsible for carrying valid liability insurance and maintaining the vehicle in safe working condition.

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

☐ My child will provide their own lunch

☐ My child needs to order a school lunch

PARTICIPANT WAIVER AND RELEASE

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I hereby assume all risk of injury or liability and waive any right of recovery from or to bring suit against the School District for any personal injury, death, or other consequences arising out of participation in the activity, except for the sole negligence of the School District.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join the release without reservation, granting full consent and authorization for the above-named person to participate in the activity. I understand that supervision will be provided by adults and high school students.

Signature of Parent/Guardian: _____

Date: _____

Parent Name: _____

Phone: _____

Home address: _____