



ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT

I/We, the parent(s) or guardian(s) of _____ (Student Name) give my/our permission for my/our child to participate in the **2025-26 Carson Middle School Disneyland and California Adventure Field Trip**. I/We understand participation in this activity/field trip is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

Activity/Field Trip Details

1. **Description of the activity/field trip (including dates, times, departure, and return):**
Date: May 6TH - 9TH
Open to: CMS Advanced Band, Choir, Advanced Musical Theatre & Leadership Students.
Cost: Approximately \$1,000 (price may change depending on hotel and travel)
2. **Purpose of/Plan for the activity/field trip:**
to attend Disney Imagination Campus clinics (content-based on the group)
3. **Supervision:**
CMS Staff: Stephanie Van Orman, Briana Valley, & Tiffany Rankin, School Administrator, and approved Chaperones
4. **Transportation:**
Students will take a bus up to Reno Tahoe International Airport, fly via Southwest, shuttle, and walking
5. **Requirements (clothing, equipment, supplies):**
Students will need to provide clothing and personal supplies for the multiple overnight trips, as well as money for meals throughout the trip. Suggested packing lists will be provided nearer the trip dates.
6. **Eligibility requirements:**
Students must be passing all classes (no F's) and have no 1's in Citizenship in all classes. **Leadership and Yearbook classes must follow class requirements.
Students must not have any major referrals after **December 1st, 2025**. These requirements must be met by the end of the 3rd Quarter Grading Period (**March 20**).

By signing this permission form, I/we acknowledge the following:

1. I/We acknowledge that I/we have been informed as to the nature of the activity and that this activity may have inherent risks of injury for those who participate, including, but not limited to, transportation from and to the school campus.
2. I/We understand the Carson City School District cannot unconditionally guarantee safety for children and that the obligation of the Carson City School District is to take reasonable precautions for safety and well-being. My/Our child also has a responsibility for his/her own safety and the safety of others.

3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.
4. My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from participation in this activity.
5. I/We hereby consent to medical treatment for my/our child, which may be deemed advisable in the event of injury, accident, and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
6. I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
7. I/We will bear any cost for additional transportation if my/our child leaves or is asked to leave the activity before completion.
8. I/We acknowledge and understand the risks and requirements for our child to participate in this field trip.

RELEASE

In consideration of permission for my/our child to participate in the field trip, I/we knowingly and voluntarily release and waive and further agree to indemnify and hold harmless Carson Middle School, Carson City School District, and their officers, agents employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have a claim to have (known or unknown), seen or unseen, death, or property damage resulting from or arising out of my/our child's participation in the field trip, or in any way connected with a arising out of instruction, training, emergency care or other operations incidental to participation to the field trip. This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Parent/Guardian Signature: _____ Date: _____

Emergency Phone # _____

Parent/Guardian Signature: _____ Date: _____

Emergency Phone # _____

Medical and/or Special Instructions: _____

Anything else the teacher should need to know: _____

