

**Anchorage School District
Anchorage, Alaska
STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE**

To the maximum extent allowed by law, I, _____,
being the parent or guardian of _____,
a student at Mirror Lake Middle school, agree to defend, indemnify and hold harm-
less the Anchorage School District and its employees, directors and designees for expenses relating to injuries,
accidents, disease, property damage and/or property loss which may occur as a result of the student's
participation in Boston Heritage Music Festival (trip) from 4/18/2012 to 4/23/2012.
begin date end date

I understand the Anchorage School District does not provide student medical insurance coverage or liability insurance which would cover a student's injuries or actions. It will be *my* responsibility to provide for payment of such expenses should they occur. I am aware of the hazards associated with participation in this activity and the transportation to and from this activity, if applicable. **Knowing the risks of this activity, I give my permission for the above listed student to participate in the activity that includes transportation as arranged by trip coordinator.**

I also authorize any necessary emergency transportation and medical treatment to be administered to the above named student. I understand the Anchorage School District assumes no liability for such emergency transportation and medical treatment and that such costs will be my responsibility. **Allergies and/or special medical instruction** for the student are listed in the **Short Term Medication Request - Travel** form.

I understand that she/he will be traveling to this function via airplane and bus and that proper supervision and chaperoning will be provided by the Anchorage School District. It is agreed that (student name) _____ will abide by all rules and regulations imposed by the school district authorities and outlines in the ASD Handbook and agreed upon as outlined and signed on the **Trip Behavior Policy Contract**.

Additional information is available through Elaine Bozone trip coordinator,
at (907) 250-7390/Boston (phone number/location).

Home Phone Number: _____ Parent Cell Number: _____

Parent/Guardian signature: _____ Date: _____

Student Signature: _____ Date: _____

State of Alaska
3rd Judicial District

Subscribed and sworn to (or affirmed) before me at _____ (city), by
_____ (signer's name) on this _____ Day of _____, 20 _____.

Notary Public's Signature

My Commission Expires: _____