



Newaygo County Regional Educational Service Agency
4747 W. 48th Street
Fremont, MI 49412

Receipt of Policy/AR 7490 – Field Trips and Excursions

Chaperone: _____

Name of Field Trip: _____

Date of Field Trip: _____

In anticipation of serving as a chaperone for the Newaygo County Regional Educational Service Agency, I have received a copy of:

- Policy 7490 – Field Trip and Excursions
- Administrative Regulation 7490 – Field Trips and Excursions
- Administrative Regulation 4350 – Student Transportation in Private Vehicles (if applicable)

I understand and agree to my responsibilities as outlined in these documents.

I understand that this form must be submitted to the building administrator prior to the event.

I further agree to the following:

Initials

_____ ASSURING SAFETY – To assure student safety, health and welfare, and as a condition for participation in this activity, I will voluntarily submit to a search of backpacks, purses, luggage, belongings, etc. to assure there are no items that pose a threat to student safety. A search will be conducted at the onset of the activity and at any other time during the activity in which there is reasonable suspicion that student safety is in question. I also voluntarily submit to having a background check of any criminal history. A completed Internet Criminal History Access Tool (ICHAT) form is attached.

_____ WAIVER, RELEASE & INDEMNITY – I agree to release the Newaygo County Regional Educational Service Agency, its Board of Education, its individual members, agents, employees, representatives and trip supervisors from any and all claims that I may have for any losses, damages or injuries arising out of my participation in this trip. This release applies regardless of whether the damages and/or injuries are caused by the negligence of the District's Board of Education, individual members, agents, employees, representatives or trip supervisors. I understand that participation in this school-sponsored activity is a voluntary act and could possibly involve a risk of injury to persons and/or property, and I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries that may occur to me during my participation in the extracurricular activity and/or school-sponsored event. Finally, I agree to indemnify the District, Board of Education, its individual members, agents, employees, representatives and trip supervisors from any and all claims, liabilities, actions, causes of actions, and actual attorney's fees and litigation costs arising from or relating to my participation in the extracurricular activity and/or school-sponsored event.

Signature

Date

PLEASE COMPLETE THE FOLLOWING IF YOU WILL BE DRIVING STUDENTS:

*only individuals who are 21 year of age or older are allowed to drive

_____ DRIVING – I am including a copy of my unexpired driver's license so that administration can conduct a check of my driving history (applies only if chaperone will be driving personal or NC RESA vehicle).

_____ INSURANCE (only applies if personal vehicle is used) – I assume responsibility for paying for any damages or injuries to persons or property incurred in connection with the extracurricular activity or school-sponsored event. I understand that the Board of Education may not have insurance coverage that specifically applies to this trip. I represent that I have insurance coverage in the event of an accident and/or injury to persons or property.

Please answer the following questions:

Have you ever been issued a citation for a moving violation/traffic accident? _____

If yes, please give dates and explain:

Have you ever been involved in a traffic accident? _____

If yes, please give dates and explain:

Vehicle Information (if personal vehicle):

Name of Owner: _____

Address of Owner: _____

License Plate #: _____ Registration Expiration Date: _____

Year/Make/Model: _____

Signature

Date