

## **Community Walking Trips**

This school year teacher's may take their classes on brief Community Walking Trips in the school community at different times during the academic year. The purpose of such walks is varied. Students may observe neighborhood architecture, urban plants and animals, or visit interesting places in the community such as the public library, local businesses, and parks.

The attached Acknowledgement of Risks, Assumption of Risk and Responsibility, and Release of Liability ("Agreement") applies to all Community Walking Trips for the current academic year. Please read the document carefully. As noted in the Agreement, Community Walking Trips are completely optional in nature and not a mandatory component of your child's curriculum.

If a parent or guardian is expecting to take his/her student out of school for any reason during the school day, it is important to notify the school in advance what time checkout will occur. Plans can then be made to be certain the student is in the building at that time.

If you give permission for your child to participate in the Community Walking Trips and agree to the terms of the attached Agreement, please return a signed copy of the Agreement to your child's teacher. Please contact your child's teacher if you have any questions regarding the trips planned this year.



**ANCHORAGE SCHOOL DISTRICT**  
**Acknowledgement of Risks, Assumption of Risk and Responsibility, and Release of Liability**  
**("Agreement") – Community Walking Trips**

**This document affects your substantial legal rights and remedies. Please read it carefully.**

I, the undersigned Parent or Legal Guardian of the Participant, hereby grant consent for the Participant to participate in community walking trips within the vicinity of his or her school building during the current academic year as outlined in the attached Community Walking Trips letter (the "Activity").

I understand that participation in the Activity is completely optional in nature and not a mandatory component of the Participant's curriculum. I also understand that it is my responsibility and the responsibility of the Participant to fully research, review, and evaluate the scope and risks of the Activity. Having done so, I hereby give permission for the Participant to participate in the Activity. In consideration of the benefits and opportunities afforded the Participant by such participation, I, on behalf of both myself and the Participant, further state and unconditionally agree as follows:

1. References to the "District" throughout this document shall mean the Anchorage School District and their past, present, and future board members, administrators, officers, employees, volunteers, parents, students, agents, attorneys, insurers, reinsurers, representatives, designees, and assigns.

2. I understand that participation in the Activity will involve certain inherent risks and dangers. Some of these risks include, without limitation, the risk of collision with fast moving objects, slips and falls on uneven surfaces, animal attacks, over-exertion, the negligence of the Participant, and the negligence of others. These risks may result in injury to Participants' persons and property, serious injury, permanent disability, loss of limbs, loss of vision or other senses, or even death. While the District seeks safety, it is not infallible and may misjudge conditions, give incomplete warnings or instructions, or act with other negligence. I have made my own investigation of the risks of participation in the Activity, and I understand these risks and assume them willingly on behalf of myself, the Participant, and each and every one of our heirs, representatives, executors, administrators, and assigns.

3. **ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF OUR HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I UNEQUIVOCALLY ASSUME ALL RISKS RELATED TO, ARISING OUT OF, OR RESULTING FROM THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, INHERENT OR OTHERWISE, INCLUDING BUT NOT LIMITED TO THE RISKS IDENTIFIED IN SECTION 2, ABOVE, AND INCLUDING NEGLIGENCE OF THE DISTRICT.**

4. Throughout the duration of the Activity, I hereby grant permission to the District to authorize and consent to any emergency medical treatment, procedure, or provision of medication or medical assistance of any kind for the Participant, and I agree that such action shall be subject to the terms of this Agreement. I hereby authorize any provider of medical services to rely on this consent. Notwithstanding the foregoing, I understand that the District **does not** provide medical coverage for Participant, and I understand that it shall be my responsibility to provide for payment of medical expenses should they occur. I further certify that the Participant is in good health and has no physical condition that would prevent participation in the Activity.

5. **ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF OUR HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, I AGREE TO FOREVER RELEASE, INDEMNIFY, AND HOLD THE DISTRICT HARMLESS FROM ANY CLAIMS OR CAUSES OF ACTION (WHETHER SOUNDING IN TORT [NEGLIGENCE, GROSS NEGLIGENCE, NEGLIGENT HIRING/TRAINING/SUPERVISION, WRONGFUL DEATH, OR OTHERWISE], CONTRACT, WARRANTY, STATUTORY LIABILITY, STRICT LIABILITY, OR OTHERWISE), DEMANDS, OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COSTS) OF ANY KIND OR NATURE WHATSOEVER THAT IN ANY WAY ARISE OUT OF, RESULT FROM, OR PERTAIN TO THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITY.**

6. Should the District, or anyone acting on its behalf, incur attorney's fees and/or costs to enforce the terms of this Agreement, or to defend any claims brought by myself and/or the Participant, I hereby agree to indemnify and hold the District harmless for (in other words, I agree to pay for) any and all such attorney's fees and/or costs.

**I FULLY UNDERSTAND ALL OF THE ABOVE, AND WITH REASONABLE TIME TO SEEK ASSISTANCE IN UNDERSTANDING THIS AGREEMENT, I UNEQUIVOCALLY AGREE TO THE TERMS OF THIS AGREEMENT.**

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_