

CITY OF LOS ANGELES FIELD TRIP CONSENT AND RELEASE

The City of Los Angeles ("City") is planning a series of off-premises activities ("Field Trips"). A list of the Field Trips and associated information can be found on our website at www.lacity.org/bpw/pwhip. We welcome your child's participation in the activities associated with the High School Internship Program. Before your child may participate, we require that you review and sign this Consent and Release Form.

Intern's name: _____

I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary associated with the Field Trips, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) at the respective Field Trip will attempt to obtain my permission by telephone before authorization consenting any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trips are not covered by any insurance program maintained by the City, and that I am primarily responsible for such medical expenses.

I understand and acknowledge that by consenting to my child's participation in the Field Trips that I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release the City and any employee or volunteer chaperones, drivers or Supervisors from liability for any illness or injury that my child may incur while participating in the Field Trips, except to the extent directly caused by the gross negligence or willful misconduct of the City or by any of their agents, servants or employees, including any volunteer chaperone, supervisors, or drivers.

I understand that the Public Works High School Internship Program will be videotaped and photographed for City purposes. I give my consent for my child to be videotaped and photographed, and waive all claims regarding the use of his/her image by the City of Los Angeles.

I hereby consent in my child's participation in the Field Trips. I have carefully read this Field Trip Consent and Release and I understand and agree to each of the terms and conditions set forth above.

_____ Date _____ Parent or Guardian

EMERGENCY NOTIFICATION CONTACT INFORMATION:

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Medical conditions or known allergies: _____