

Taylor's Falls – Fall 2021

General Information

This is a day trip to Taylor's Falls, on Saturday, October 2 (weather permitting). Taylor's Falls is a great place to climb! This time, we intend to climb on the Minnesota side.

Transportation is up to students and/or parents; I will be contacting each participant to find out their plans and help with rides as needed. We will meet in the parking area of Interstate Park (Minnesota side) at 9am. Parents are welcome to come!

Student To-Do List:

1. Submit your forms. You can bring/send them to the Apollo activities office or to Mr. Stockinger. Deadline is Friday, Oct 1 at 8am. No late forms will be accepted.
2. Pack for the trip. See below for what to bring.
3. Wake up early enough to leave Saint Cloud at about 7am. Stockinger's cell number is 320.310.5945. Call if you're going to be late or if you can't find me once you get there.

Gear

Clothing

- Dress appropriately for the weather. We will be outdoors the entire day.
- A hat, shades, and sunscreen are a very good idea.

Climbing gear

- If you have it, bring it!
- If you don't have it, don't worry—you'll be covered by the club's gear.

Food

- Water
- Bag lunch, snacks.
- Money for supper at a local restaurant. We typically go to the root beer & burger drive-in, which costs about \$15, depending on what you choose to eat.

Money

- Supper money (see above)
- Parking. The state park fee is \$7, if I remember correctly. If you have an annual pass, then you're covered.
- No fee from the club!

Apollo School Field Trip Permission Form

As parent/legal guardian of _____, I grant
(Print Student's Name)

permission for him/her to participate in the field trip described below.

(School completes form down to signature line.)

Destination: Interstate State Park, Taylors Falls, MN

Nature or purpose of the trip: Rock climbing

Date/time leaving: Saturday, Oct 2

Date/time returning: Same day, about 7pm

Sponsors/Chaperones: Mr. Stockinger

Cost of Trip per Child: Free

Signature of Parent/Guardian

Date

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsors/chaperones and that my behavior must conform to the *Code of Student Conduct*, the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

Signature of Student

Date

Acknowledgement of Liability Limitations and Assumption of Risk

In consideration of District 742 permitting students to participate in the above mentioned activity, the above-signed parent/guardian hereby assumes all risks associated with participation and agrees to hold District 742, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the student participation in any activities related to the activities mentioned above. The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees, and for all members of my family.

As a parent/guardian, I fully understand that ISD 742 does not provide insurance for my student while participating in interscholastic activities. I fully understand that it is my responsibility to provide insurance coverage for my student.

**Waiver and Release of Liability and Assumption of Risk Acknowledgement
Regarding Transportation in the Greater St. Cloud Area**

I, _____, a student who participates in _____
(Student Name) (Sport/Activity)

and I, _____, as the parent/legal guardian of above student,
(Parent/Legal Guardian Name)

consent to following alternative transportation options for Student going to or from extracurricular activities in the Greater St. Cloud Area, including, but not limited to, practices, games, and competitions, offered by Independent School District No. 742, St. Cloud (the "District"). I understand the District is providing transportation to the same location and instead prefer to have Student transported by alternative means.

Please select all options that that apply:

I consent to Student transporting himself/herself. Student is ___ years old and has a valid driver's license.

I consent to Student transporting himself/herself with other minor passengers in the vehicle. Student is ___ years old and has a valid driver's license.

I consent to my Student being transported by another student _____ driving a personal vehicle. (Name of Student Driver)

*NOTE: For the first six months of licensure for a minor driver: Only **one passenger** under the age of 20 is permitted, unless accompanied by a parent or guardian. For the second six months of licensure: No more than three passengers under the age of 20 are permitted, unless accompanied by a parent or guardian.*

I consent to Student being transported by me, _____.
(Name of Parent/Legal Guardian)

I consent to Student being transported by _____
(Name of Adult / Relationship to Student)

I consent to the district providing Student a bus token for public transportation in the event the student is not picked up after a practice or event and has no other transportation arranged.

In consideration for Student's participation in extracurricular activities and in light of the alternative transportation options selected above,

1. **Assumption of Risk.** I knowingly and freely assume all risks, both known and unknown of the selected transportation options above, even if arising from the negligence of the school district, or from others, and assume full and absolute responsibility for any and all of the selected transportation options. I assume all costs associated with such risks, including, but not limited to medical expenses arising out of exposure to COVID-19, testing for COVID-19, quarantine, hospitalization, personal injury, disability, and death.
2. **Release and Waiver.** I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the "School Parties") of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my approved alternative transportation options above, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, through the end of the Term of this Agreement, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

The term of this Agreement shall be from January 4, 2021 to June 30, 2021.

Date: _____

Name of Student

Student Signature if 18 or older

Signature of Parent / Guardian