La Mesa-Spring Valley School District
Request for Student Voluntary Participation—Elementary

Release to participate in: X On-campus activity Off-campus activity

wishes to participate in Halloween Hangout

Student's name **Activity**

On October 30, 2025 from 3:30 pm to 5:30 pm

Date **Begin time** **End time**

or during from to

Session **Date** **Date**

I/A N/A

District Vehicle, private car (separate form/insurance required), other, or not applicable (N/A)

It is necessary that parents specifically request that their child be included in this activity. This activity is voluntary. The school will furnish supervision for this event, but parents should understand that supervision would end at the time stated above. The school will take every precaution to ensure the welfare and safety of your son or daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. If you authorize your child to drive or ride with another student, no District supervision will be present during such a commute.

If you wish your son or daughter to participate in the above-described activity, please complete the request for participation form below, and return it to the school immediately.

(Cut on dotted line and return lower portion)

Parent Request for Student Voluntary Participation

(This completed form must be returned to the instructor before student can participate)

In consideration of the permission granted, I/we hereby waive all claims which I/we might have against the La Mesa-Spring Valley School District or the State of California, their officers, agents, and employees for injury, accident or illness occurring during or by reason of the above-described activity.

California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the School District and the State of California for injury, accident, or illness occurring during or by reason of the field trip or excursion.

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Are you interested in having your child receive a sack lunch for this activity? Please check the appropriate box:

☐ **Yes** ☐ **No**

Health or Medical Concern _____ **Medication(s)** _____ ☐ **Home** ☐ **School**

In the event of an accident, or sudden illness, the School District has my permission to render whatever emergency medical treatment may be deemed necessary for the above-named student.

Date signed **Signature Parent/Guardian** **Daytime phone number**