

# Lake Havasu City Field Trip Release

| Participant Name<br>(Last Name, First Name) | Date of Birth | Age | Gender<br>(M/F) | Grade | School                  |
|---|---------------|-----|-----------------|-------|-------------------------|
|   |               |     |                 |       | Havasupai<br>Oro Grande |

**Sunshine Camp**  
**Oro Grande or Havasupai Elementary School**  
**6/02/2025 - 7/17/2025**  
**7:30 a.m. - 6:00 p.m.**

By my initials below, I give permission for the above named Participant to attend the following field trips:  
 Place initials in the blanks provided below next to each field trip you want Participant to attend.  
 NOTE: Failure to initial a space will result in Participant **NOT** attending that field trip.

|   |   |  |
|---|---|--|
| _____ Aquatic Center<br>6/3/25, 6/5/25, 6/10/25,<br>6/12/25, 6/24/25, 6/26/25,<br>7/3/25, 7/8/25, 7/10/25,<br>7/15/25<br>1:30 p.m.— 4:00 p.m.<br>Transported via LHUSD<br>Time will depend on day & | _____ Havasu Lanes<br>6/10/25, 6/12/25, 6/24/25,<br>6/26/25, 7/8/25, 7/10/25<br>9:15 a.m. - 10:30 a.m.<br>10:15 a.m. - 11:30 a.m.<br>Transported via LHUSD<br>Time will defer on day & school | _____ Movies Havasu (G or PG movies)<br>6/3/25, 6/5/25, 6/17/25,<br>6/19/25, 7/1/25, 7/3/25<br>8:45 a.m. - 11:00 a.m.<br><br>_____ Discovery Museum<br>7/1/25, 7/2/25, 7/3/25<br>8:00 a.m.— 5:30 p.m.<br>Transported via LHUSD |
| _____ Grace Arts Theatre<br>6/6/25, 6/13/25, 6/27/25,<br>7/11/25<br>12:30 p.m. - 3:00 p.m.<br>Transported via LHUSD   | _____ Hualapai Mountains<br>6/17/25, 6/19/25<br>8:30 a.m. - 5:30 p.m.<br>Transported via LHUSD  | _____ Rotary Park<br>7/16/25<br>9:00 a.m. - 11:30 a.m.<br>Transported via LHUSD  |

### **EMERGENCY MEDICAL RELEASE**

To the best of my knowledge, Participant is in good health and adequately immunized to participate in this field trip. In the event Participant is injured or should require medical attention, I authorize the securing of necessary medical treatment. I acknowledge that I will be responsible for all costs associated with any medical treatment. Confirmation of this authorization will be attempted if the circumstances permit prior treatment by calling the telephone numbers provided.

### **HOLD HARMLESS CLAUSE**

To the fullest extent permitted by law, Participant and Participant's parent or guardian agree to indemnify, defend, save, and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees ("Indemnitee") for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) to which any Indemnitee may become subject, under any theory of liability ("Claims") to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Participant arising out of or as a result of participation in this field trip. Participant/Parent/Guardian agrees to be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

### **WAIVER**

Participant and Participant's parent or guardian waive the right to any claim for damages or injury of any kind on behalf of Participant, accruing to Participant arising out of or as a result of participation in the field trip.

I declare that I am the Participant's parent or guardian. I acknowledge that I read this form completely and understand the responsibilities and privileges of participating in this field trip as well as the program policies and behavior rules. Participation in this field trip is voluntary. Lake Havasu City is not responsible for lost or stolen items. Lake Havasu City reserves the right to reconcile customer balances when participant has available account credit.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

### **FOR OFFICE USE ONLY:**

Registration Form Completed: \_\_\_\_\_ Verified by: \_\_\_\_\_