Dear Parent/Guardian:

While attending Pikes Peak School for Expeditionary Learning (PPSEL) your child has the opportunity to participate in a number of off-campus field trips and activities ("Activities"). Transportation is typically provided to and from the activities by volunteer parents in their privately owned vehicles OR students walking to the activity under the supervision of adults. Each parent volunteering to drive students is required to submit to a background check, driving record check, and must provide a copy of his or her driver’s license and proof of insurance. PPSEL’s insurance does not cover privately owned vehicles. Health and safety of students is a priority, therefore reasonable efforts will be made to screen parent volunteers and also to supervise your child during these Activities. Your child will be expected to act responsibly, and you and your child assume all risk associated with participation in these Activities. By granting permission for your child to participate in these Activities you agree to release PPSEL for any and all liability related to your child’s participation in and transportation to the activity. Your permission is required before your child will be allowed to participate in the Activities.

Please complete the lower section of this form and return this to school.

Thank you,

PPSEL Administration

I have read the information above and give my permission for ________________________________ (student’s name) to participate in the off-campus Activities. I understand that my child may be traveling in the privately owned vehicles of a volunteer parent to and from the activity and that PPSEL insurance does not cover privately owned vehicles OR that my child will be walking to the location off-campus. I understand that the school will take reasonable steps to supervise and ensure the safety of my child during these Activities, but that I and my child assume all risk for that in which my child engages during the Activities. I agree to release PPSEL of any and all liability related to my child’s participation in and transportation to the Activities.

______________________________
Date

______________________________
Printed Name of Parent/Guardian

______________________________
Signature of Parent/guardian