



## Permission for Student Travel/Release of Liability

Permission is granted for my child, \_\_\_\_\_ to participate in OCHA's Oregon Leadership Institute activities. Students will be transported for various activities related to the Oregon Leadership Institute. All vehicles will be driven by insurance certified drivers.

Read carefully and understand each detail before signing:

- Each participant is personally responsible for his/her individual safety and is urged to be continually on guard for the safety of others in the group and circumstances which impair that safety.
- All dangers which are present in these trips are those commonly experienced by and known to all persons traveling with young people in America. OCHA cannot control the dangers and risks associated with such activities. Parents wishing more information regarding these activities and its leadership should contact the staff responsible.
- As parents or legal guardians of \_\_\_\_\_, or as a student traveling with the group, I/we, the undersigned, hereby release and agree to defend and hold harmless OCHA and its employees, directors, contractors, successors \_\_\_\_\_ and \_\_\_\_\_ (local institution) and assigns (collectively "OCHA) from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including but not limited to the student or other students having failed to properly carry out instructions from the OCHA staff, or the intentional or negligent acts or omissions of the students, or any other act reasonably beyond the control of OCHA.
- In addition, I hereby give permission, in case of accident, and/or medical or surgical emergency, to the OCHA staff representative(s) to seek medical services at my expense for my son/daughter and give permission to the physician/medical professional to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my son/daughter, as named above, according to the medical standards and expertise then and there available considering the circumstances. I will promptly pay/reimburse any costs incurred. (One parent or the emergency contact will be contacted first whenever possible.)

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Signature of Parent/Guardian

Date