

**PARENT/GUARDIAN RELEASE OF RESPONSIBILITY  
FOR STUDENT PARTICIPATION IN ON SITE HOSPITAL VISIT JULY 13, 2017**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby give  
(Printed Name of Parent/Guardian) (Printed Name of Student)

permission for my student to participate in an on-site visit to the Mt. Graham Regional Medical Center Hospital (“Hospital”). The students will be touring the hospital facilities including the on-site laboratory; will be meeting with doctors and other hospital personnel; and will be learning about employment opportunities at the hospital. Students wishing to attend must agree to strictly comply with any and all directives of the school district representatives, and all employees and/or volunteers at the hospital.

By providing this permission slip to the District, I specifically acknowledge that even during those times in which my student may be acting under the direct supervision and support of personnel from the District and/or personnel from the hospital, that it is possible, though highly unlikely, that my student’s property may be damaged or destroyed and/or my student may be injured or killed while participating in this tour of the hospital.

**In return for allowing my student to participate in this tour of the hospital, I hereby, for myself, my student, my heirs, my executors, successors, and assigns, forever waive, release and discharge my student’s sponsors, the Gila Institute for Technology (GIFT) School District and its Governing Board, the Gila Institute For Technology District (GIFT) and its Governing Board and any other individuals associated with either District, and the Hospital and its employees from claims arising from any and all property damage, illness, injuries, death or actions sustained or suffered in connection with my student’s participation in the program unless such damages, illness, injuries, death or actions were willfully caused by the Districts, the Hospital or any of their representatives.**

\_\_\_\_\_  
(Signature of Parent/Guardian) Date: \_\_\_\_\_

**I agree that I will obey the teachers, staff or volunteers from the school, and the people at the hospital. I understand that there may be times and locations within the hospital where I will not be allowed to use my cell phone and I agree that if I have my cell phone with me, I will power it down when I am in those locations. If I understand and agree that if I do not behave, I may not be allowed to continue to participate in the tour.**

\_\_\_\_\_  
(Signature of Student)

**By clicking the submit button you agree to the terms above.  
Or scan and email back to Marianne Taylor @ [gift.mt@eac.edu](mailto:gift.mt@eac.edu)**