

# BHUSD Students' Community Walkout at Will Rogers Memorial Park

## October 12, 2018

As a parent or guardian of a BHUSD student, hopefully you are aware of the ongoing debate over the Metro Purple Line Subway through the City of Beverly Hills and specifically, its impact on Beverly Hills High School. Our high school students have voiced their concerns and are organizing a **Community Walkout** at Will Rogers Memorial Park next Friday, October 12, 2018. Learn more at [PurpleThreat.com](http://PurpleThreat.com).

### PLEASE NOTE:

- **UPDATE:** Students will NOT be walking! Bus transportation to Will Rogers Memorial Park will be provided from and back to **ALL** BHUSD schools.
- Participation in the Community Walkout is **VOLUNTARY** for all 3rd - 12th grade students.
- **SAFETY** is our top priority! This is a student-organized and adult-supervised Community Walkout. It will be a peaceful, respectful event with specific guidance.
- The District will provide additional security measures and the student code of conduct will be enforced. Students must return back to school immediately following the Walkout.
- Students must bring sack lunches, as the activities will take place during scheduled lunchtime.
- Water will be provided.

### POINTS TO CONSIDER:

- This is a teachable moment that will help students see the connection between curriculum and real life. Students will not miss valuable classroom learning.
- All BHUSD students will experience the opportunity to unite together to express their views on a subject that will have great impact on their future and for generations to come.
- Students who don't participate will not be penalized and will have alternative learning activities.

**All 3rd - 12th grade parents/guardians MUST complete this permission form and return to your student's teacher by Tuesday, October 9.**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to participate in the Community Walkout at Will Rogers Memorial Park on October 12, 2018. I understand that my child will depart from school at 10:00am by bus to Will Rogers Memorial Park for a 3-hour period, returning back to school at 1:00pm.

- I further understand that **there will be both local and national media presence during this event and that my child may be photographed or video recorded.** By participating, students and parents release Beverly Hills Unified School District (current officers, their successors, and their assignees) and acknowledge that there will be no control over the use of images and distribution. I hereby confirm my consent to the recording and use of photographs/videotape (including publications, broadcast, newspaper, Internet or other media sources both digital and social media). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.
- **Please complete the entire backside of this form** (health needs, phone #, insurance carrier, emergency contact)

I, \_\_\_\_\_, do **NOT** give permission for my child, \_\_\_\_\_ to participate in the Community Walkout at Will Rogers Memorial Park on October 12, 2018.

\_\_\_\_\_  
Print First and Last Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Grade

**BEVERLY HILLS UNIFIED SCHOOL DISTRICT  
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP  
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND  
MEDICAL TREATMENT AUTHORIZATION**

Date October 5, 2018

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity Community Walkout at Will Rogers Memorial Park  
(Please be specific, e.g., Concert at UCLA.)

Special Instructions: Bring sack lunch  
(e.g., Bring sack lunch.)

Departure Date: 10-12-18 Time: 10:00 AM Date: 10-12-18 Return Time: 1:00 pm

**Itinerary Attached; please read carefully and note all travel arrangements.**

Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Type of Transportation: **Various modes of transportation may be used, some of which involve a risk that cannot be ascertained by the \_\_\_\_\_ School District.**

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special need, and instructions are attached. Number of attached pages: _____.
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Beverly Hills Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) \_\_\_\_\_ (Please Print Name) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Student's Signature \_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Blue Cross)

In the event of an emergency, please contact:  
\_\_\_\_\_  
(Name) (Relationship) Work ( ) \_\_\_\_\_  
Home ( ) \_\_\_\_\_