



City View Charter School

A School of Expeditionary Learning
www.cityviewcharter.org

PO Box 1808
4174 SE Bentley Street
Hillsboro, OR 97124
Phone 503-844-9424
Fax 503-844-9425

Student _____

Grade _____

Student _____

Grade _____

Student _____

Grade _____

Acknowledgement of Risk @ CVCS

I, _____ agree to allow my child, to participate in recess and in all
Parent Signature

Expeditionary Learning Activities including outdoor fieldwork and overnight fieldwork. I am aware that hazards and risks are inherent in this kind of activity and agree to hold City View Charter School, and the parent volunteers, teachers, and staff organizers harmless from any liability resulting from any injury sustained to my child while participating in these activities. I will have the opportunity to opt-out of individual activities using the Permission to Participate Form issued for each activity. I understand that alternative arrangements will not be made for students who choose not to participate in any activity or do not have a signed permission slip. This permission will stay in effect as long as my students are enrolled at City View Charter School

Signature of Parent/Guardian

Date