

Your child has received staff approval to participate in a field trip. Such trips are always under the supervision of at least one staff member, and all precautions are taken to ensure each child's welfare.

Student Name:	
Field Trip Location and Address:	
The trip will depart from:	
Field Trip Date:	
Departure Time:	Return Time:
Items Student Should Bring (if any):	

Transportation:

WAIVER OF CLAIM: In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature of Parent or Guardian:

**Emergency Contact:** 

Date

Name

Phone Number