School Field Trip Passenger Waiver and Release

Trip Information

School Name
Trip Destination
Trip Destination
Date of Trip
Teacher/Trip Organizer
Participant Information
Student Name
Grade
Ciade
Parent/Guardian Name
Contact Number
Contact Number
Waiver and Release
I, the undersigned, hereby give permission for my child to participate as a passenger for the above-listed field trip. I acknowledge and understand that participation in this activity involves certain risks. By signing below, I release and hold harmless the school, its employees, agents, and volunteers from any and all liability or claims for injuries or damages arising out of participation in this field trip, including transportation to and from the event.
Medical Information (if applicable)
Allergies or Medical Conditions

Emergency Contact Number		
Parent/Guardian Signature		
Date	_	