Release of Liability for Return Parental Transportation

I,		am tak	ing my child(ren):
	Parent/Guardian		
			·
Child's Name	e		
Child's Name	e		
C1 '11' N			
Child's Name	2		
from the Calle			
from the folio	owing field trip lo	cation:	
		Field Trip/Event Le	ocation
on this date	mm/dd/yy	and time	and effective immediately hereby release, hold
	mm/dd/yy	hr/min	
cniid(ren) as v	l indemnify the well as for any ar arransportation of a	nd all liability for any	natee County from any and all responsibility for my injuries that may occur to my child(ren) during, or as a
- /-			
Parent/Guardi	an's Signature		
C.T.O.D.			
identity and in	utial in the space	easing any student to a below. If identity canr ith the other field trip I	parent, District personnel must verify the parent's not be verified, the student MUST NOT be released and participants.
nitials	Parent/Guardian reference to other	identity has been conf or reliable and verifiable	irmed by photo ID, personal knowledge, or by e information.

COMPLETE AND RETURN THIS FORM TO THE FIELD TRIP COORDINATOR

MIS 41-01017, Expires 5/20/16 School Management