

# Liability Release – Parent/Guardian

I the parent/guardian of \_\_\_\_\_ age \_\_\_\_\_ hereby give my consent for my child to participate in a field trip to \_\_\_\_\_ for the purpose of \_\_\_\_\_

Note: identify any tools or equipment to be used, such as boats, shovels, etc.

|  |                   |                    |                        |
|--|-------------------|--------------------|------------------------|
| Date of Trip   | Time of Departure | Time of Return     | Mode of Transportation |
| Location of Departure  |                   | Location of Return |                        |
| Additional information: (identify any special needs, clothing, etc.) |                   |                    |                        |

By this consent, I hereby release and agree to indemnify and hold harmless the District (including but not limited to, its Governing Board members, employees, agents, attorneys, legal representatives, and their successors and assigns) from all liability, personal injuries, claims, damages, attorneys fees, costs, judgments, claims bills, etc. (under the laws of the State of Florida, and of any other state of the United States of America and/or of the United States of America) arising, in whole or in part, from the acts, omissions, or negligence of the District or any third person that arises out of or is related to the above referenced activity or use of District transportation, equipment, facilities, canals, right of ways, personal property and real property.

I also understand that if my child becomes a discipline problem while on this trip that he/she will be sent home by the quickest means and at my expense. I understand that the District shall have no duty to diagnose any medical condition or render any medical emergency treatment.

Payment of all charges incurred for emergency medical treatment is my responsibility or the insurance company providing coverage for my child.

I attest that the child identified herein has no medical condition which would preclude or restrict their participation in this activity.

|                        |                                |                |
|------------------------|--------------------------------|----------------|
|                        | Parent/Guardian Home Phone No. | Work Phone No. |
| Emergency Contact Name | Home Phone No.                 | Work Phone No. |

By my signature to this document, I attest that I have read all the above and understand fully the activities and dangers (if any) associated with this field trip. I attest that I give my consent for my child/guardian to participate in this field trip.

\_\_\_\_\_  
 Parent/Guardian (Print)    Parent/Guardian (Signature)    Date