FAYETTE COUNTY SCHOOL SYSTEM
FIELD TRIP RELEASE FORM

(PLEASE PRINT)

Name _____ _____ _____ Male ___ Female ___
LAST FIRST MIDDLE

Names of Parent(s)/Guardian _____

Telephone (Work): _____ (Cell): _____ (Home): _____ (Other):_____

CONSENT AND RELEASE:

I hereby consent on behalf of the student named above to participate in school sponsored trips. I understand that transportation may or may not be provided by the Fayette County School System. In the event transportation is not provided by the Fayette County School System, transportation will be the student(s) and parents/guardians responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Fayette County School System, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

_____ _____
Signature of Parent(s) or Guardian(s) Date