

**PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY FOR FIELD TRIP**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_

I give my permission for my son/daughter to participate in the field trips

I understand that although the students will be supervised by (DVC faculty and staff), I do assume the risk in my student's participation in the event.

I acknowledge that I will not seek to have the School District held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the School District, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s).

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

\_\_\_\_\_ Date: \_\_\_\_\_ Student's  
Signature (as appropriate)

\_\_\_\_\_ Date: \_\_\_\_\_ Parent's/  
Guardian's Signature

\_\_\_\_\_ Date: \_\_\_\_\_ Parent's/  
Guardian's Signature