

<u>Detroit Public Schools Community District</u> <u>Student Field Trip Release and Parent Permission Slip</u>

Student's Name:		Grade:
School:		
Date(s) of Trip or Activity:	Departure Time:	Return Time:
Destination:		
Description of Field Trip/Activity:		
Please Print I, the parent/guardian of the above-named school sponsored field trip and/or activity.	student, hereby give permission	
I acknowledge that my son/daughter will conduct in the Rights and Responsibilitie (aka "Student Code of Conduct").		
I acknowledge that my child's participat certain inherent risks. The risks include, other physical impairment. I am fully aw in this field trip. My child participation is risks.	but are not limited to, neck, s are of the risks involved by my	pinal, bone, other serious injury or child attendance and participation
By executing this Release and Permission heirs, personal representatives and/or assion and its respective officers, directors, and damages, claims or causes of action arising except as otherwise provided by law. It assignificance and intend by my signature extent permitted by law.	gns, hereby release the Detroit ents, employees, board memb ng out of my child's participati am signing this agreement volu	Public School Community District ers, volunteers from any liability, on in this activity and/or field trip, intarily with full knowledge of its
I also agree to indemnify and hold hard claims, causes of action, or other judicia attorneys' fees, brought solely because adhere to the Student Code of Conduct.	l proceedings, costs, expenses, of my child's negligence, wil	damages and liabilities, including
I agree to abide by the school-based rules Conduct. (<i>Both signatures required.</i>)	s and adhere to the behavior re	equirements of the Student Code of
SIGNATURE OF STUDENT	PLEASE PRINT NAME	DATE
I have read this Release and Permission Slip a Release voluntarily and with full knowledge o participate in this field trip and/or activity.		
SIGNATURE OF PARENT/GUARDIAN	PLEASE PRINT NAME	DATE