Detroit Public Schools Community District  
Student Field Trip Release and Parent Permission Slip

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 student, hereby give permission for my child to participate in the 
school sponsored field trip and/or activity.

I acknowledge that my son/daughter will be obliged to abide by the school-based rules and the codes of 
conduct in the Rights and Responsibilities of Students in the Detroit Public Schools Community District 
(aka “Student Code of Conduct”).

I acknowledge that my child’s participation in this activity or attendance on this field trip may involve 
certain inherent risks. The risks include, but are not limited to, neck, spinal, bone, other serious injury or 
other physical impairment. I am fully aware of the risks involved by my child attendance and participation 
in this field trip. My child participation is voluntary, and I hereby assert that I knowingly assume all such 
risks.

By executing this Release and Permission Slip and granting the permission stated herein, I, for myself, 
heirs, personal representatives and/or assigns, hereby release the Detroit Public School Community District 
and its respective officers, directors, agents, employees, board members, volunteers from any liability, 
damages, claims or causes of action arising out of my child’s participation in this activity and/or field trip, 
except as otherwise provided by law. I am signing this agreement voluntarily with full knowledge of its 
significance and intend by my signature to be a complete and unconditional release of all liability to the 
extent permitted by law.

I also agree to indemnify and hold harmless the Detroit Public Schools Community District from any 
claims, causes of action, or other judicial proceedings, costs, expenses, damages and liabilities, including 
attorneys’ fees, brought solely because of my child’s negligence, willful misconduct, and/or failure to 
abide to the Student Code of Conduct.

I agree to abide by the school-based rules and adhere to the behavior requirements of the Student Code of 
Conduct. (Both signatures required.)

SIGNATURE OF STUDENT  PLEASE PRINT NAME  DATE

I have read this Release and Permission Slip and understand its terms. I acknowledge that I am signing this 
Release voluntarily and with full knowledge of its significance. I hereby give my permission for my child to 
participate in this field trip and/or activity.

SIGNATURE OF PARENT/GUARDIAN  PLEASE PRINT NAME  DATE