

Must Have
copies in hand

* When parents pick up

**RELEASE OF LIABILITY
PARENT TRANSPORTING/SUPERVISING FROM TRIP LOCATION**

I, _____ am taking my child(ren):
Parent/Guardian

Child's Name

Child's Name

from the _____ field trip location:
Name of School(s)

Field Trip/Event Location

on this date _____ and time _____ and effective immediately hereby
mm/dd/yy hr/min

release, hold harmless, and indemnify the School Board of Broward County from any and all responsibility for my child(ren) as well as for any and all liability for any injuries that may occur to my child(ren) during, or as a result of, my transportation and supervision of my child(ren). I understand that failure to pick up the child(ren) at the location, date and time specified **above**, will result in an automatic rescission of this arrangement and the student(s) will continue the remainder of the trip with the school group.

Parent/Guardian's Signature: _____ Date: _____

STOP and READ! Prior to releasing any student to a parent, District personnel must verify the parent's identity and initial in the space below. If identity cannot be verified, the student **MUST NOT** be released and the student must depart and/or return along with the other field trip participants.

_____ Parent/Guardian identity has been confirmed by photo ID or by personal knowledge.

COMPLETE AND RETURN THIS FORM TO: _____
Principal's Field Trip Coordinator/Designee

COMPLETE AND RETURN THIS FORM TO: _____
Principal's Field Trip Coordinator/Designee

School Decision: _____ Granted _____ Denied _____ Rescinded