

Our school, _____, is planning a trip to _____
School Name Destination, City, State
 on _____ from _____ to _____ that requires transportation in privately
Date Time Time
 owned vehicles. Please return this completed form to the school supervisor by _____.
Date

Check all that apply:

- I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents ("released parties") from any and all claims whatsoever arising from or relating to my participation or my child(s)'s participation in this event ("released claims"). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Supervisor/Principal Name

Guardian Signature _____

Daytime Phone _____