IFCB-R Field Trips IFCB-R-17

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT FIELD TRIP PRIVATE TRANSPORTATION AUTHORIZATION

Our school,	, is planning a trip to			
	School Name	_, 1	De	estination, City, State
on	from	to	that requires to	ransportation in privately
Date	Ti	me	Time	
owned vehicles.	Please return this co	ompleted form	to the school supervi	isor by
				Date itten guardian consent.
Check all that apply	<u>√:</u>			
responsibilities as	like to volunteer as a a volunteer driver. I he free environment for o	ave a valid driv	er's license, insurance	and registration and I will
2. I author volunteer driver	rize my child, as I am not able to pro	vide transportat	to be transion for this event.	nsported by an authorized
3. I author event. I verify the	ize my child,at my child has a valid	driver's license,	, to drive insurance and registra	his/her self only to this ation.
	ize my child,			his/her self and others to istration and will maintain seatbelts.
5. I do not plan an alternate	want my child,earning experience for	my child on the	, to part	icipate in this event. Please
agents ("released participate child(s)'s participate	arties") from any and all o	claims whatsoeve ed claims"). I also	r arising from or relating o agree to indemnify and	s, teachers, employees and to my participation or my hold harmless the released ilities, settlements and/or
Student Name (Prin	nted)		Supervisor/Principal Na	ame
Guardian Name (Printed)			Guardian Signature	
Address			Daytime Phone	

07/07