



Liability Release Form

Field Trip:

Address:

Description: We will leave school at 8:45am and arrive back to school at 3:00 pm.

Child's Name: _____

Parent/Guardian Name(s): _____

Home Phone: _____

Emergency Contact: _____ Phone: _____ Relationship _____

I hereby permit my child to ride in a vehicle with a responsible adult from the school to Pleasure Pier. I hereby release and hold harmless Living Waters Christian School, including staff, volunteers from all liability and from all actions or claims that my child now or hereafter have for damage or injury to my child, or to any person or property resulting from the negligence or other acts of any staff or volunteers in connection with my child's participation.

In case of a medical emergency, I hereby give permission to Living Waters Christian School staff and volunteers to order treatment for my child. This includes any necessary medical treatment and x-rays.

Parent or Guardian Signature

Date