

**WASHOE COUNTY SCHOOL DISTRICT
FIELD AND ACTIVITY TRIP
PERMISSION/RELEASE FORM**

I hereby acknowledge that I am the lawful parent or legal guardian of (name of student)_____. In consideration of my child/ward participating in the (name of school)_____ field/activity trip to (location)_____ on (date)_____, I hereby expressly relieve, indemnify, save, and hold harmless the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage suffered or incurred by said child/ward as a result of the acts, omissions, or conduct of any person other than the reckless or gross negligence of the Washoe County School District while said child/ward is participating in this field trip.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this field trip.

PARENT/GUARDIAN
SIGNATURE: _____ DATED: _____

COMPLETE ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____