

Overnight School Trip Release and Waiver

This release and waiver is granted by the undersigned parent and/or legal guardian in connection with the participation of the student named below in the overnight school trip organized by _____ (School Name) on _____ (Trip Date) to _____ (Destination).

Student Information

Student Name: _____

Grade: _____

Teacher/Group: _____

Release and Waiver

I, the undersigned, hereby permit my child to participate in the above-described overnight school trip. I acknowledge that participation in the trip may involve certain risks, including but not limited to travel, activities, and overnight stays.

I agree to release and hold harmless _____ (School Name), its staff, employees, agents, and volunteers from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child during or as a result of participation in this trip.

I certify that my child is in good health and has no conditions that would prevent participation in activities. I agree to inform the school of any medical needs or concerns prior to the trip.

Emergency Contact Information

Primary Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Medical Authorization

In the event of an emergency, I authorize the school and trip supervisors to secure necessary medical treatment for my child. I understand that every effort will be made to contact me or the emergency contact listed above.

Parent/Guardian Name: _____

Signature: _____

Date: _____