



CARMEL UNIFIED SCHOOL DISTRICT

RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY

Please Print Clearly

I request that _____ at _____
Print Student Full Name *School*

be released to my custody after _____ on _____
Trip/Activity *Date*

at _____
Location of Event or Pick-up Point

rather than returning to the school in the transportation provided by Carmel Unified School District.

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and. I agree to waive all claims against the Carmel Unified School District, its officers, agents and employees, and hold such parties harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Print Parent/Guardian Full Name *Approval Signature (Parent/Guardian)*

Home Phone Number *Cell Phone Number* *Date*

It is the responsibility of the designated school administrator to ensure all students are properly accounted for before transportation to or from a school activity occurs.