

Blacklick Valley School District BVSD Student Field Trip Permission Form

I/We authorize _____ to participate in the field trip
(student name)

to _____ on (date) _____
(field trip destination)

for the purpose of _____.

Class/Club/Team Sponsoring Field Trip _____

Staff Contact Information: _____

Transportation for this activity will be provided by: School Bus/Van
 other: _____

Departure Time/Place: _____ Return Time/Place: _____

Food STOP will occur at/by: _____

I/We understand and agree to release and indemnify Blacklick Valley School District and its administrators, agents, and representatives, from any and all damages, injuries, liabilities, obligations, claims, litigations, expenses and proceedings whatsoever, whether for any injuries to any person including damages to personalty, damages to realty or any injuries or damages suffered by any person whatsoever, which may at any time be imposed upon, incurred by or asserted or awarded against the district arising out of or in connection with any of the field trip activities.

Signature of Parent(s) or Guardian(s) _____
Date

Daytime Telephone: _____

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Signature of Student _____
Date

Cell Phone #: _____



