

Field Trip Permission/Release of Liability Form

Child's Name

Date of Birth

Parent/Guardian's Name

Best phone number

Field Trip Destination: _____

Date of Field Trip: _____

Time of Departure: _____ Time of Return: _____

Reason for the Field Trip: _____

Provision for Children not attending: _____

Teachers and Adult Chaperones: _____

Transportation via: _____ Driver(s): _____

Fees: _____ Due Date: _____

I, _____, the parent/guardian of the above listed child, hereby agree to release from any and all liability and otherwise hold harmless, East Ridge United Pentecostal Church, and all Church personnel acting in their supervisory capacity for personal injury, property, or other type of loss which occurred as a result of this activity. I further authorize the above mentioned chaperone(s)/driver(s) to seek and arrange for emergency medical care, hospitalization, or surgery that may become necessary in my absence and I will assume financial responsibility for the same. The Staff and Chaperones of East Ridge United Pentecostal Church will make every reasonable effort to properly supervise, control, and render safe all activities during this field trip.

Parent/Guardian's Signature

Date

Witness Signature

Date