

**Permission Slip – Overnight Trip**  
**Field Trip Permission and Waiver Form**  
(With Chaperones)

Students have many opportunities to participate in various extra class activities as an outgrowth of classroom interests or through special interest clubs. On occasion it will be to their advantage to attend activities away from the school campus (Field trips). However, the School Board and Charles A. Beard Memorial School Corporation cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable provision for activity chaperones.

I understand that my child must abide by all Charles A. Beard Memorial School Corporation rules, regulations and chaperone instructions on the field trip indicated below. I understand that School chaperones cannot prevent injuries because they cannot always control the conditions present or be present at all times.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child in the field trip identified below and (2) indemnify and hold harmless the Charles A. Beard Memorial School Corporation, its Board of Trustees, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and costs expended in defense thereof, incurred or resulting from your child's participation in this trip including transportation.

1. School \_\_\_\_\_ Class/Activity \_\_\_\_\_

2. Faculty Sponsor \_\_\_\_\_

3. \_\_\_\_\_ has my permission to take part in a field trip to \_\_\_\_\_ I

understand that this is an excused absence and any work missed for this trip is to be made up in accordance with each school's student handbook. I also understand this is an overnight trip and my child has been instructed to abide by school rules and policies for the duration of this trip.

4. Travel arrangements: I understand my child will travel by \_\_\_\_\_ leaving approximately \_\_\_\_\_ and returning at approximately \_\_\_\_\_.

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Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone:        Work \_\_\_\_\_  
                  Home \_\_\_\_\_  
                  Cell \_\_\_\_\_