



New Life Academy

2019-2020 FIELD TRIP PERMISSION FORM

Student Name: _____ Grade: _____

I/we give our permission for the above-named student to participate in field trips and any off-campus activities for the 2019-2020 school year. In consideration of this permission granted to my child to participate in the previously mentioned activities, I release and hold harmless the school, its agents, and employees from any and all actions or causes or actions of any nature for personal injury or property damage of any kind arising from my child's participation. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand the significance, and that I have executed this document voluntarily.

Furthermore, I/we agree that if the above-named student's behavior is inappropriate, unsafe, and/or detrimental to the group, I will be contacted to be informed of means to secure my child safely from the event premises. I also understand that any financial costs incurred as a result of my child being sent home are my responsibility.

Special Needs

If your student has allergies or other medical or special needs, please note below:

Parent/Guardian Signature: _____ Date: _____