

LIBERTY UNION HIGH SCHOOL DISTRICT
ATHLETIC EXCURSION PERMIT AND RELEASE

I, _____, give my permission for my Son/and or Daughter/guardian, _____, to ride as a passenger in a personal vehicle driven by an adult assigned by Liberty Union High School staff on designated athletic field trips. Further, I hereby waive any and all claims against the Liberty Union High School District, and/or the State of California and/or their officers, agents or employees and/or chaperones for injury, accident, illness, death or any loss or damage to personal property.

I further agree that in the event that in the opinion of a duly authorized chaperone it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without my further consent. I personally assume responsibility for any costs of such care not covered by insurance.

Signature of Parent and/or lawful Guardian Date

Athletes Name _____

Stu ID _____