

**MURRAY HIGH SCHOOL
FIELD TRIP**

STEP ONE:

Student Name: _____

Field Trip Class Name: Boys Soccer

Field Trip Teacher: Murray High Admin

Student Grade: 10th 11th 12th

Date of Field Trip: 05/23/2024 Leave time 9:15 AM Return Time _____

STEP TWO:

Parent/Guardian Permission:

I understand that the Murray Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.

I request that the above named student be allowed to participate in the trip planned and specifically consent to his or her participation.

I give my permission for _____ to attend the field trip identified above. I also give permission for my student to receive emergency medical treatment, if necessary.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees, and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature _____

Cell phone number and/or home number _____

Parent/guardian Address _____