

MANCHESTER LOCAL SCHOOL DISTRICT



"Home of the Greyhounds"

Nick Roberts
Superintendent

Melinda Horsley
Treasurer

Manchester Local Schools
Field Trip Permission Slip

Student's Name: _____

Class Taking Trip: _____

Date(s) of Trip: _____

Trip Destination: _____

Departure Time: _____ Approximate Return Time: _____

Teacher(s): _____

Medical Allergies: _____

Emergency Phone Number(s) to be reached: _____

I hereby give permission for (student name) _____
to attend the above sponsored field trip.

Parent/Guardian Signature

Date

Board of Education

Troy D. Thatcher, *President*
Owen Applegate, *Vice-President*
Dave McFarland
Megan Fuson
Joel Hanson

Manchester Local School District Central Office

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Administration

Caroline Grooms-Lowe, *Dir. State & Fed. Programs, Transportation Super, Testing Coord.*
Jessica D. Leonard, *Assistant Treasurer*
Ma'ry'e A. Kinhalt, *Administrative Assistant*
Tina Osman, *EMIS*

**ASSUMPTION OF RISK; RELEASE AND WAIVER OF LIABILITY; AND
INDEMNIFICATION FOR SCHOOL-RELATED TRIP**

In consideration of the Manchester Local School District Board of Education (“Board”) approving the _____ being held in

_____ (“Trip”), and permitting
_____ (the “Student”) to participate in the trip, the
student name

sufficiency of such consideration being hereby acknowledged, I/we the undersigned, on behalf of myself/ourselves, my/our heir(s), assign(s), next of kin, and on behalf of my/our minor child/Student:

1. release, and agree to hold harmless and indemnify the Board, its individual members, officers, employees and agents from any and all liability, arising from negligence or otherwise, and damages as a result of the Student’s participation in the Trip, including death, or other injury; and
2. acknowledge it is the sole responsibility of the undersigned to evaluate carefully the risks inherent in Student’s participation in the Trip, including, without limitation, dangers posed by willful negligent conduct by the Student and/or by others and voluntarily assume full responsibility for, and fill risk of, property damage, bodily, mental, or personal injury, including death, or other injury relating to the Student’s participation in the Trip; and
3. agree that if any portion of this document is held invalid, the reaming provisions shall be binding and continue in full force and effect.

I/We, the undersigned, have read the above carefully, understand its significance, and voluntarily agree to all of its terms.

Signature Parent or Guardian of Student

Date

Signature Parent or Guardian of Student

Date

Student Signature (if 18 years or older)

Date