

RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY

I request that _____ at _____ be released to my custody
Athletes Name *Event*

after the meet rather than returning to home in the transportation provided by Clovis Unified School District. The following are additionally authorized individuals to whom the above-referenced athlete may be released:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Waiver of Claims: I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed Name (Parent/Guardian)

Approval Signature (Parent/Guardian)

Home Phone Number

Other Phone Number

Date