

Student Name \_\_\_\_\_

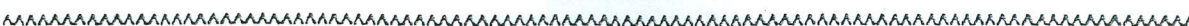
Date of Field Trip \_\_\_\_\_ Student Cost \_\_\_\_\_

Initiating Teacher \_\_\_\_\_

Destination of Field Trip \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Transportation Arrangements \_\_\_\_\_



**PARTICIPATION CONSENT FORM**  
**(To be completed by Parent or Guardian)**

I hereby certify that it is with my full knowledge and consent that my student here named,

\_\_\_\_\_ may take part in the

above activity.

In consideration of permitting my student to participate in the above-mentioned activity, I will not hold VALLEY LUTHERAN HIGH SCHOOL liable for any injury my student may sustain while engaged in such activity or while traveling to or from school for such an activity; and I agree to indemnify and hold the school harmless from and against any claim by my said student or other parent arising out of such injury.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

