

# Teacher-led Field Trip Liability Release Form

Student Name

Teacher Name

Field Trip Destination

Date of Field Trip

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## Parental/Guardian Consent

I authorize my child to participate in the above-mentioned field trip. I recognize that risks are involved in any activity or trip. I hereby release and hold harmless the organizing teacher, school staff, and organizers from any liability in case of any accident, illness, or injury resulting from participation in this field trip, except in cases of gross negligence or willful misconduct.

Please specify any allergies, medical conditions, or special needs:

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Parent/Guardian Name

Signature

Date