



Twin Falls School District #411
201 Main Ave. W
Twin Falls, ID 83301

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STUDENT TRAVEL PERMISSION AND RELEASE OF LIABILITY

STUDENT'S NAME: _____ DATE OF BIRTH: _____

DESTINATION: _____ DATE OF TRIP: _____

PARENT(S)/GUARDIAN(S) NAME: _____

In consideration for the student being given permission to participate in the trip/activity, student and student's parent(s)/guardian(s) hereby acknowledge and agree to the terms and conditions set forth below:

Student Participation. Student acknowledges and agrees that he/she will be engaging in activities that involve risk of injury, which may result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, or the condition of the premises or any equipment used during the trip/activity. Student and student's parent(s)/guardian(s) acknowledge and understand that there may be other risks associated with participating in the trip/activity not known or reasonably foreseeable at this time.

Release. By signing this Permission Form, student and student's parent(s)/guardian(s) hereby agree to release, defend, indemnify and hold harmless the School District, its officers, directors, employees, agents, servants and representatives, from any and all liability, loss, damages, claim, demand, cost or expense arising out of student's participation in the Twin Falls School District programs.

Student Signature

Date

Parent/Guardian Signature
Required if student is under the age of 18

Date

Parent/Guardian Signature

Date

Note: If only one parent/guardian signs this form, please certify the following:

I, _____ (parent/guardian), have full authority to sign and consent to this Permission Form and Release as an agent of any and all other parent(s) and/or legal guardian(s).