



Cedar Hill Elementary School

27905 Cedar Hill Road
Ardmore, AL 35739

Phone: 256-423-5950 FAX: 256-423-5970



FIELD TRIP LIABILITY WAIVER

Student Name: _____

I, the undersigned, individually and on behalf of the above-named student acknowledge that the above-named student will be participating in the FIELDTRIP sponsored by Mr./Mrs./Ms./ _____. The fieldtrip is to be held on ____-____-_____. I understand that my child will be going to: _____.

***DEPARTURE TIME: _____ APPROXIMATE RETURN TIME: _____

I, on my own behalf, hereby release and indemnify the Limestone County Board of Education, Cedar Hill Elementary School, its agents and all volunteer personnel from all liabilities or damage, injury, or illness to my child or his/her property during his/her participation in this event.

Travel will be by; School Bus Charter or Commercial Bus

Parent/Guardian's Name: *(Please Print)* _____

Parent/Guardian Signature: _____

Date: ____/____/____

Best Contact Information:

Cell Phone: _____ Work Phone: _____ Home Phone: _____

*****Teachers: All completed fieldtrip forms are to be turned in to the office on the day of the fieldtrip-you may make a copy for your files before departing the school.**