# RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY
## FORM 3204-2

I request that _____ at _____
*Student Name* *School*

be released to my custody after _____ on _____
*Trip/Activity* *Date*

at _____
*Location of Event/Pick up Point*

rather than returning to school in the transportation provided by Clovis Unified School District (District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child 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*

**It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.**

*Adopted: 3/24/10*
*Revised: 9/20/10*