

# Thousand Oaks High School

2323 Moorpark Road  
Thousand Oaks, CA 91360-3198  
(805) 495-7491 - FAX (805) 374-1165



## RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY

Dear \_\_\_\_\_  
Teachers /Coach Name

I request that \_\_\_\_\_  
Student Name

Be released to my custody after \_\_\_\_\_ on \_\_\_\_\_  
Trip/Activity Date

At \_\_\_\_\_  
Location of Event/Pick up Point Designated by Teacher/Coach

### 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. 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*

\*\*\*\*\*

### Acknowledgement by Teacher:

*I have authorized the student named above to be released to their parent/guardian following the completion of the activity/trip described above. I assume responsibility for notifying the bus driver/private driver that the student will not return to the school by means of the District approved transportation.*

\_\_\_\_\_  
*Teacher Signature*

\_\_\_\_\_  
*Date*