

L'ANSE CREUSE PUBLIC SCHOOLS  
PARENT/GUARDIAN PERMISSION AND  
LIABILITY WAIVER FORM

I do hereby state that I am one of the natural parents or guardian of \_\_\_\_\_  
\_\_\_\_\_, a student in the L'Anse Creuse Public  
Schools district, Macomb County, Michigan.

(Back 4/3/23)

I understand that on the 29<sup>th</sup> day of March the school or class is  
going to Disney - Orlando, Florida. By my signature hereunder I  
hereby give permission for said child to attend the above activity. I hereby waive any right or  
cause of action, of any kind whatsoever, arising as a result of such activity from which all liability  
may or could accrue to the L'Anse Creuse Public Schools or school personnel or the adult  
chaperones, except to the extent that any damages related to such a right or a cause of action  
may be covered by the school system's policies of liability insurance.

**NOTE:** The purpose of this waiver is to indicate to parents or guardians that: the extent of the  
school district's liability is the limit of the school district's liability insurance. For purposes of  
prudent planning, this form must be signed as it has been deemed reasonable to make parents  
or guardians understand the district's liability parameters in advance of educational trips.

Please be assured that the school district, at all times, is adequately insured and is well  
prepared to exercise responsible foresight and care in attending to students safety and well  
being.

All educational trips require cooperation, responsibility, and good behavior on the part of  
each participant, for the good of all involved. While on an educational trip, students are required  
to abide by the Student Code of Conduct.

Any student possessing alcohol or other drugs (excepting medications as listed on the  
MEDICAL INFORMATION SHEET) will automatically be sent home at the parents expense.

I, the undersigned, understand the above, realize the necessity for the rules, and agree  
to cooperate.

X \_\_\_\_\_  
STUDENT SIGNATURE DATE

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
TELEPHONE NUMBER

Parents, Please NOTE: You, presumably, know better than anyone how well your child can and  
will behave. If you are not confident that she/he will be able to exercise responsibility and self-  
discipline, please DO NOT allow her/him to go.