

The Lowell School



Dede Proujansky
Executive Director

STUDENT FIELD TRIP INDEMNITY FORM 2024 - 2025 SCHOOL TERM

STUDENT NAME: _____

I, as parent (or legal guardian) of the student named above, give permission for the named student to participate in all school related field trips for the 2024 - 2025 school term.

I release, acquit, forever discharge, and agree to and do indemnify and save harmless **THE LOWELL SCHOOL** and its servants, agents and employees from any and all future liability resulting from any and all claims or causes of action which I now or may in the future have for personal injuries, damage to property, loss of services, medical expenses, and losses or damages of any and every kind whatsoever that may arise from the transportation to and from the field trip activity as well as the activity itself.

By signing this form, I acknowledge that I have read this notice and accept the terms of this agreement.

Print name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date