



## SHARE CO-OP

### Permission Slip & Waiver of Liability for Class Trip

I give permission for (name of child) to participate in the  
(name of class) History Detectives class trip,  
to Rappahannock History Soc & Circuit  
(fieldtrip Location) Washington DC VA on (trip date) 3/13/14.

I give permission for my child to ride with the teacher or helper. In the unlikely event that any emergency medical treatment be required for my child during this trip, I also give my permission for medical treatment.

I agree to release PACE, SHARE Co-Op and MLBC from any liability arising from my child's participation in this class trip.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Contact: \_\_\_\_\_