C. E. BYRD HIGH SCHOOL
3201 Line Avenue
Shreveport, Louisiana 71104
(318) 869-2567
Field Trip Permission Slip

I, _____, voluntarily agree to participate in the following activity and hereby relieve C. E. Byrd High School of any and all liability associated with the activity.

ACTIVITY: **Lyle Leaders Historic Tour of Shreveport**

DATE AND DURATION OF TRIP: **Thursday May 6, 2022**

DESTINATION: **Highland, Broadmoore and Downtown neighborhoods, Spring Street and Waterworks Museums, Oakland and Greenwood Cemetaries and Betty Virginia Park**

MODE OF TRANSPORTATION: **School Bus**

RESPONSIBLE PERSON(S): **Lesa Waters and Natalie Fox**

Students must return to school on the same bus on which they rode.

Participation in this field trip or activity is not required and is purely voluntary on the part of each student and his or her parent or guardian. Reasonable precautions will be taken in the interest of safety. It is understood and agreed that neither the Caddo Parish School Board nor any of its officers, agents or employees nor any sponsor of this trip or activity will be held liable for any accident, injury, illness or damage that might occur to any student while on such trip or while participating in such activity. The undersigned students and his or her parent or guardian does hearby expressly release Caddo Parish School Board, its employees and all sponsors of such trip or activity from any and all liability of every kind, nature or description for any accident, injury, illness or damage which may be sustained by such student while on such trip or while participating in such activity.

The undersigned parent or guardian shall be solely responsible for obtaining any insurance coverage desired. Please indicate if your child has any illness, special medication or allergic reaction to medication.

This release shall not apply to any liability which arises out of results from the fault of negligence of Caddo Parish School Board, its officers, agents and employees.

I GIVE THE ADMINISTRATORS OF THE SCHOOL PERMISSION AND AUTHORITY TO MAKE PROVISIONS FOR MEDICAL TREATMENT FOR MY CHILD IF THEY DEEM IT NECESSARY.

Family Physician: _____ Insurance Company: _____

Special Medical Problems/Allergies: _____

_____ _____
Parent/Guardian Signature Date