

# LIFEWISE ACADEMY



## LIFEWISE [PROGRAM NAME] [FIELD TRIP] PERMISSION FORM

DATE | TIMES | LOCATION

[Field trip details including destination information, schedule and what students need to bring and payment information (if needed)]

### Student Information

Please fill out for each student who will be participating.

Student Name \*

First Name

Last Name

Address:

Street Address


Street Address Line 2

City

State / Province

Postal / Zip Code

**Student Grade \***

## Parent Information

**Name \***

First Name

Last Name

**Email Address \***

**Phone Number \***

Please enter a valid phone number.

I grant permission to for my student to participate in this [FIELD TRIP] conducted by LifeWise [PROGRAM]. I have read and fully understand the terms of the Release and Waive found at [lifewise.org/release](https://lifewise.org/release) and I waive the right to sue LifeWise Academy. \*



Yes, I choose to allow my child to attend the field trip.

I consent to the photography or video of my student while on the field trip, for promotional purposes. \*

Yes

No

**Signature \***

  
 Sign Here 



Clear

Submit

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