



Miles College

5500 Myron Massey Blvd. • Fairfield, AL 35064

RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER TRIP OR ACTIVITY

I request that _____ at Miles College
Print Student Full Name

be released to my custody after _____ on _____
Trip/Activity Date

at _____
Location of Event or Pick-up Point

rather than returning to Miles College in the transportation provided by Miles College.

The following person is hereby authorized by above student be released:

Print Full Name Daytime Phone Number Relationship

Print Full Name Daytime Phone Number Relationship

Print Full Name Daytime Phone Number Relationship

Waiver of Claims:

I agree that once the Miles College Student listed above is released to my custody, I assume full responsibility for his/her health and safety. I agree to waive all claims against Miles College, its officers, agents and employees, and hold such parties harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the College, its employees or agents.

Print Custodial Full Name

Approval Signature

Home Phone Number

Cell Phone Number

Date

It is the responsibility of the designated school administrator to ensure all students are properly accounted for before transportation to or from a school activity occurs.