



Field Trip Release

In order that my child or children listed below may obtain the benefits of the fieldtrips that Auburn Classical Academy will be making during the 2018-19 school year, I hereby release Auburn Classical Academy, Inc., and its officers, agents, assigns, teachers, principals, or any other persons working for the benefit, or with Auburn Classical Academy, Inc., from any and all claims, demands, or suits for damages concerning the care, control, and custody of my child or children. I hereby relinquish to Auburn Classical Academy, Inc. permission to care for my child in whatever manner necessary, which includes discipline, medical treatment, and any other possible needs that may arise during the course of these trips.

Children's Names:

_____	Birthdate: _____
_____	Birthdate: _____
_____	Birthdate: _____
_____	Birthdate: _____
_____	Birthdate: _____

Parent Signature

Date

Parent Name (printed)

Parent Signature

Date

Parent Name (printed)