



Student/District-Related Activity Student Release Form

“Proud Home of the Timberwolves”

School/District-Related Activity: _____

I, _____, am the parent/guardian of _____.
I understand that I am asking for a special exception to remove my student from this school-related activity. I understand that I am assuming full responsibility for my student. I agree to protect, indemnify, and hold harmless the Everett School District, its elected and appointed officials, employees, agents, and staff for any and all claims or loss incurred from the time and date listed below until my student returns to school or to a school/district-related activity.

_____ | _____ | _____
Time Date Location

Administrator granting approval:

☐ M. Tower ☐ M. Mason ☐ E. Heinz ☐ J. Thompson

Student Name (printed) & School ID

Student Signature

Parent/Guardian Name (printed)

Parent/Guardian Signature

Coordinating Staff Member Name (printed)

Coordinating Staff Member Staff Signature

EXPLANATION/RATIONALE:

This form is to remain in the possession of the coordinating staff member as part of the field trip documentation