

# WEST LIBERTY-SALEM LOCAL SCHOOLS

## Student Travel Agreement

(To be filed in the School Principal's  
Office **two days** before the trip is made)

The  of West Liberty-Salem School  
(Name or Organization)

is planning an education tour on  to   
(Date) (Place)

In . The group will leave West Liberty-Salem  
(Town or City)

School about  and expect to return at about

I understand that the school authorities have no legal responsibility in the event  
that a pupil becomes ill or is injured while engaged in this tour. As a parent, **I give**  
**my consent** for the trip with the understanding that the school will provide  
adequate supervision and will secure safe transportations.

In signing this agreement, I understand that   
(Student's Name)

will cooperate with the school authorities in following the instructions of the  
faculty sponsor or sponsors and in assuming his share of responsibilities on this  
trip.

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(Parent's Signature)

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(Student's Signature)