## WEST LIBERTY-SALEM LOCAL SCHOOLS

Student Travel Agreement

(To be filed in the School Principal's Office two days before the trip is made) **HS** Counseling Dept The of West Liberty-Salem School (Name or Organization) January 12, 2023 Community Service Organizations is planning an education tour on (Place) (Date) Logan & Champaign Counties The group will leave West Liberty-Salem In (Town or City) 12:45 School abou 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. (Parent's Signature)

(Student's Signature