



columbus college of art & design

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Field Trip Release

Declaration of Freedom of Responsibility During Field Trips Parental Permission

Date of Field Trip _____ Time _____

Instructor _____

Destination _____

The undersigned agrees that neither the Columbus College of Art & Design nor the instructor(s) in charge of this field trip shall be held responsible in case of accident or injury in transit or at the destination of the field trip.

I give my consent for (Name of Student)

_____ to attend the field trip.

Signature of Parent _____ Date _____

**PLEASE RETURN THIS FIELD TRIP RELEASE FORM TO THE
INSTRUCTOR**