

**School Field Trip Photo Release Form and Liability Waiver**  
**Photo Release Form**

School Field Trip to Computing Heat Recycle Technology Development Center Facility,  
Marietta, Ohio

Participant's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

By signing below, I, the undersigned, hereby grant permission to \_\_\_\_\_  
\_\_\_\_\_ (school name) and the Computing Heat Recycle Technology Development Center to use  
photographs and/or video recordings of the participant named above taken during the field trip  
to the facility on the date mentioned above. These images may be used in educational and  
promotional materials, including but not limited to, websites, newsletters, brochures, and social  
media.

I understand that these images will be used for non-commercial purposes and will not be sold or  
used for any other purpose without additional consent. I waive any right to inspect or approve  
the finished product or any written copy that may accompany the images.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Liability Waiver**

I, the undersigned, am the parent or legal guardian of the participant named above. I hereby  
give my permission for my child to attend and participate in the field trip to the Computing Heat  
Recycle Technology Development Center Facility in Marietta, Ohio.

I understand that participation in this field trip involves certain risks, including but not limited to,  
travel to and from the facility, participation in activities at the facility, and exposure to natural and  
man-made hazards. I acknowledge that all reasonable precautions will be taken to ensure the  
safety of my child during this trip.

I, the undersigned, agree to release, indemnify, and hold harmless \_\_\_\_\_  
\_\_\_\_\_ (school name), its staff, volunteers, and the Computing Heat Recycle Technology

Development Center, from any and all claims, demands, actions, or causes of action, including but not limited to, claims of negligence, that may arise from or in connection with my child's participation in the field trip.

I further agree to assume all responsibility for any injury or damage that may occur to my child or their property during the field trip, and I agree that this release and waiver shall be binding on me, my heirs, executors, and administrators.

In the event of an emergency, I authorize the school staff and/or Computing Heat Recycle Technology Development Center personnel to obtain medical treatment for my child if deemed necessary and agree to be responsible for any medical expenses incurred.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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Please ensure that both forms are completed, signed, and returned to the school teacher/administration before your site visit. Thank you for your cooperation and understanding.