As a parent/guardian, I give permission for my child to participate in the activity noted below. I understand that this is an off school premises activity and that Lower Platte South Natural Resources District (District) staff will be supervising the activity. I understand that transportation will be provided by the means noted below and give permission for my child to travel in this manner. In addition I give permission for the person noted under Emergency Medical Authorization to act on my behalf should emergency medical care become necessary. I understand the potential risk my child may face in the trip and the method of transportation for the trip. I acknowledge that the District is NOT RESPONSIBLE for any injury or loss of property to any person suffered while traveling with or participating in activity listed below for any reason whatsoever, including ordinary negligence. My signature also acknowledges that I understand the type of transportation. If not Lincoln Public Schools bus, liability rests with the commercial carrier company.

**TYPE OF TRAVEL** (Mark applicable space):

__X__ Commercial Carrier

Student Name: ____________________________ School: __________________________

Activity: Platte River State Park and/or Wagon Train  
(circle applicable)

Date(s): ____________________________

Rain date(s) may include at schools discretion:

Emergency Medical Authorization to: _____________________________ Phone__________

Name of NRD District Staff: McKenzie Barry and/or Adam Sutton and/or  
other LPS NRD Environmental Education Assistants

Parent/Guardian Signature __________________________ Date ___________________