

Canyons School District CTE Overnight Travel Parent Meeting Signature List

School: _____

Organization: _____

Advisor(s): _____

Date of Meeting: _____

of students in attendance: _____

of parents in attendance: _____

By signing this list, I am either giving my approval for the activity listed below, or showing my disapproval for the activity listed below

I also understand that: when in the sole judgment of the Administration of the Board of Education, in consultation with the school and the participating students and patron, travel is suspended due to safety or other consideration beyond the control of any or all involved, Canyons School District, the Board of Education, school employees and agents shall have no obligation and shall be held harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group.

ACTIVITY _____

[illegible]