

EXPRESS WAIVER

I give permission for my son/daughter, _____,
to go off campus and **stay overnight** on _____(dates)
with _____ (name of family or person).

I understand that the above-named person or family is responsible for the care of my child while he/she is under their supervision.

I understand that the Delphian School requires that an adult (person over 21 years of age) drive my son/daughter on and off the Delphian School campus. After my son/daughter has left the school's property, it becomes my full responsibility to designate who will be driving my child.

I hereby indemnify and hold harmless Delphi Schools, Inc., the Delphian School, its employees, agents, students and volunteers from all liability for any and all claims, including those of all other persons, as a result of my child leaving campus with _____(name).

Signature of Parent

Date

Witness

Date

DELPHI FAX NUMBER: (503) 843-4158