

**PEOPLES CO OPERATIVE ARTS & SCIENCE COLLEGE**

**Department of Travel and Tourism**

**PARENT / GUARDIAN CONSENT FOR STUDY TOUR**

I \_\_\_\_\_ the Parent and/or legal guardian  
of \_\_\_\_\_ Register No: \_\_\_\_\_, 2<sup>nd</sup> year BTM  
degree student of Peoples Co Operative Arts & Science College, hereby give permission for the  
above mentioned dependent to participate in the Study tour from 09.12.2023 to 20.12.2023  
which is conducted as part of the curriculum offered by Kannur University for the BTM  
programme. I also understand and agree to the following:

1. Parent and/or legal guardian and participant student understand that this is a study tour which is part of the curriculum and is NOT just a pleasure trip. The participant students will also have to prepare a report of this study tour to be submitted to the Kannur University.
2. The Parent and/or legal guardian and participant student has seen and understood the tour itinerary and is aware of the detailed travel plan covering all the arrangement.
3. The Parent and/or legal guardian hereby assure responsible and obedient behavior of their wards, and that their wards have to behave in accordance with the local culture and practices.
4. The Parent and/or legal guardian hereby understands that the students will have to bear all the expenses that arise in connection with the tour.
5. The Parent and/or legal guardian has received and understood the tour itinerary and contact numbers of the accompanying teachers.
6. The Parent and/or legal guardian and participant student hereby RELEASES AND DISCHARGES the college authorities, Teaching faculty of the Department of Geography and the accompanying teachers from any liability, injury, damage or loss arising out of the aforementioned risks or arising out of any other activity / incident to the student's participation in the programme.

**Name, Address (with contact number) &  
Signature of Parent/Legal Guardian**

**Name, Roll Number &  
Signature of Student**

Place:

Date: