



# PERMISSION TO PARTICIPATE IN ONE DAY FIELDTRIPS

Teacher Name Alissa Kitchens School Name Pope High School

## GENERAL INFORMATION

Destination Site: South Effingham County High School

Date/s of Trip: 5/11/21 Approximate Departure Time: 12 pm Approximate Return Time: 2 am (5/12/21)

Donation Requested per Student: \$ 25 Method of Transportation: Eagle Christian Tours

Approximate Number of Participating: Students: 50 Adult Supervisors: 2

Additional Teacher Comments: \_\_\_\_\_

Angela Santoro-Chopin

The District does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): \_\_\_\_\_ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): \_\_\_\_\_ be allowed to participate in the field trip described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trip, including but not limited to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

\_\_\_\_\_  
Name of Student (PLEASE PRINT)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date 2/28/06