

**Cobb County School District
Permission to Participate in OVERNIGHT TRIPS**

Student's Name: _____

This permission form has been signed only after understanding and considering the following:

- 1. Trip Planned:** [Describe the trip planned, including the place to be visited, and the dates, times and places of departure and return.]
- 2. Purposes of Trip:** [Describe the purposes of the trip.]
- 3. Supervision:** [Describe the supervision to be provided throughout the trip.]
- 4. Transportation:** [Describe the method students will be transported.]
- 5. Requirements:** [Describe any special requirements (e.g. ability to swim) which are imposed on students who participate, including bringing certain items on the trip (e.g., life jacket).]

6. Expectations and Instructions: I understand the student is expected, and the student has been instructed by me: a) to do exactly what she/he is instructed to do by the supervisors, b) [Describe expectations and instructions. If there are unique dangers, mention the dangers (e.g., because of the danger of drowning, the student is expected to wear a life jacket at all times.)] _____

7. Insurance: I understand that the Board of Education 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 Benefit Plan provided by the Cobb County School District or through my own insurance carrier.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.

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

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian Address: _____

Date: _____

Telephone: _____