

PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP

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

1. Trip Planned: Georgia Thespian Convention, Columbus, GA February 9-11, 2023
2. Purpose(s) of Trip: To participate in theater workshops and attend theater productions to increase theater knowledge
3. Supervision: Chaperones--Mr. Holman, Ms. Jones, and several parents
4. Transportation: Charter Bus
5. Requirements: None
6. Expectation and Instructions: Students will participate in workshops and attend shows. Students will check in with chaperones at specific times. Students will stay in their rooms in the hotel at night.

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Does the student need to take medication? Yes No If so, what medication? _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage 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.

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 or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors 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, the student or any other successor or assignee 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 trips, including but not limited any losses, damages or injuries or 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 Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

