

## **PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP**

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

1. Trip Planned: Band, Orchestra, and Chorus 7<sup>th</sup> grade students and select 6<sup>th</sup> graders will participate in the Stars and Strikes Lock-In located at 2400 Hiram Acworth Hwy, Dallas, GA 30157. Students will arrive on Friday, May 11 between 11:45PM - 12:00 AM, and remain overnight until pick up the morning of Saturday, May 12 at 6:00AM. All parents should arrive at 5:50AM and be outside waiting to pick up their child at dismissal starting at 5:55AM - 6:00AM.
2. Purpose(s) of Trip: The Stars and Strikes Lock-In is to celebrate the end of a successful 2017-2018 year in our music programs.
3. Supervision: Band, Orchestra, and Chorus directors will be present along with at least 25 chaperones.
4. Transportation: Parents will drop off their child at Stars and Strikes between 11:45PM - 12:00AM Friday, May 11 and pick them up at the same location Saturday, May 12 between 5:55AM - 6:00AM.
5. Requirements: Students interested in playing video games must have a game card to participate (can be pre-ordered for a reduced price). Game cards can be purchased at the location for \$10.
6. Expectation and Instructions: Students are expected to show respect at all times to each other, Stars and Strikes staff, teachers and parent chaperones, and follow all instructions. They will need to return bowling shoes and throw away all trash before leaving Saturday morning. School dress code must be adhered too (no pajamas, leggings, jeggings, tank tops with straps less than 2 inches wide, shorts above 3 in from the knee, etc).

### **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.

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**Name of Parent/Guardian (PLEASE PRINT)**

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**Signature of Parent/Guardian**

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**Date**