

(STATE OF GEORGIA)

PERMISSION TO PARTICIPATE IN FIELD  
TRIP, RELEASE, COVENANT NOT TO SUE  
AND INDEMNITY

(RICHMOND COUNTY)

In consideration for my child, \_\_\_\_\_, being allowed to participate in this field trip, this permission form, Release, Covenant Not To Sue and Indemnity has been signed only after understanding and considering the following:

1. TRIP PLANNED AND PURPOSE: Our class has planned an instructional field trip on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, to visit the \_\_\_\_\_.

The trip will begin at \_\_\_\_\_, \_\_\_\_\_m., and we will return to the school by approximately \_\_\_\_\_, \_\_\_\_\_m. Transportation shall be provided for students by school buses or by private charter buses as approved by the Board of Education.

We are asking for a voluntary \$\_\_\_\_\_ contribution for the field trip which includes \$\_\_\_\_\_. However, no student will be denied the trip or penalized for failure to make the voluntary contribution. Please send your voluntary contribution by so that we can make final arrangements for the trip.

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the child is expected, and has been instructed by me to follow exactly the supervisors' instructions and all special requirements. The parents or guardians of the student reviewed the letter and agreed to the terms of the letter attached hereto as Exhibit "A".

3. INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I confirm that my child has insurance through my own insurance company, or other type coverage, or that I shall be personally responsible for any medical expenses.

4. CONSENT: I request my child be allowed to participate in the trip planned and specifically consent to his/her participation.

5. MEDICAL TREATMENT: 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.

6. COVENANT NOT TO SUE: I release, covenant not to institute any suit or claim, waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives 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, for any losses, damages or injuries arising or the rendering of emergency medical procedures or treatment, if any.

**FILE IFCB**

[NOTE: To the extent there is liability insurance coverage the covenant not to sue is waived by the school board to the limits of the liability insurance. However, no guaranty or representation is made that any coverage is available or applicable.]

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\*PARENT/GUARDIAN

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone:

\_\_\_\_\_

\*ONLY PARENTS AND GUARDIANS MAY SIGN.

**EXHIBIT "A"**

TO WHOM IT MAY CONCERN:

I have given my child permission to participate in the \_\_\_\_\_ . I further agree that if in the judgment of the (name, event, location) officials running the program, my ward is a detriment to the program, my ward may be sent home immediately, and I will be responsible for any expense incurred by my ward. Further, I authorize any adult at the program to exercise his/her discretion in authorizing any medical or surgical treatment which may be deemed necessary for my ward while on this trip.

\_\_\_\_\_(name of student)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PARENT (Guardian)

SWORN TO AND SUBSCRIBED before

me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_(SEAL)  
NOTARY PUBLIC, RICHMOND COUNTY  
GEORGIA