FILE IFCB

[Field Trip In Town/Out Town Form #1 (Local or Day Field Trip)]

(STATE OF GEORGIA)

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

(RICHMOND COUNTY) AND INDEMNITY	
In consideration for my child	ıg ıd
1. TRIP PLANNED AND PURPOSE: Our class has planned an instructional fiel trip on,, 20, to visit the	ld
The trip will begin at, and we will return to the school be approximately It is preferred that students be transported by RCBOE buses. However, with proper permission slips and proof of insurance, parent or guardian volunteer may be approved for local day trips.	s.
We are asking for a voluntary contribution of \$ for the field tri which includes \$ However, no student will be denied the trip or penalized for failur to make the voluntary contribution. Please send your voluntary contribution by,, 20 so that we can make final arrangements for the trip.	re
2. EXPECTATIONS AND INSTRUCTIONS: I understand that my child is expected, and has been instructed by me to follow exactly the supervisors' instructions and a special requirements.	
3. INSURANCE: I understand that the Board of Education does not or may no carry any insurance relative to the trip or for injuries to my child. I confirm that my child ha insurance through my own insurance company, or other type coverage, or that I shall b personally responsible for any medical expenses.	as
4. CONSENT: I request my child be allowed to participate in the trip planned an	ıd

- 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, my child, or any other person, RICHMOND COUNTY BOARD OF EDUCATION

 PAGE 1 OF 2

firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with my child's participation in the trip 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.

[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.