



## **“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS**

I hereby request that (Student’s Name-PLEASE PRINT): \_\_\_\_\_ be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Paulding County School District (District). If bus transportation is not available, I understand that school and/or District personnel may be transporting students. In the event transportation is not provided by the District, transportation will be the student’s responsibility.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, will be given in writing to the parents/guardians at least two (2) weeks prior to each trip in the series. (Exceptions must be approved by the Director of Athletics and Student Activities.)

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

I agree to release, indemnify, and hold harmless the Paulding County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors 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, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student’s participation in the field trips, including but not limited 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 Student (PLEASE PRINT)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

12/11/07