Cobb County School District **Form IFCB-6**

A community with a passion for learning!

PERMISSION TO PARTICIPATE IN OVERNIGHT TRIPS

Student's Name: (PLEASE PRINT): _____

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

1. Trip Planned: [Describe the trip planned, including the place to be visited, and the dates, times and places of departure and return.]: **WBOP Rock-A-Thon, September 23rd, 2011**.

2. Purposes of Trip: [Describe the purposes of the trip.]: **overnight entertainment event hosted by the Walton Band & Orchestra Parent group (WBOP).**

3. Supervision: [Describe the supervision to be provided throughout the trip.]: **Walton Band and Orchestra Music Directors and parent chaperones**

4. Transportation: [Describe the method students will be transported.]: **Students must arrange their own transportation to Walton High school on the night of September 23, 2011 and to be picked up on the morning of September 24, 2011.**

5. Requirements: [Describe any special requirements (e.g. ability to swim) which are imposed on students who participate, including bringing certain items on the trip (e.g., life jacket).]: **None**

6. Expectations and Instructions: [Describe expectations and instructions. If there are unique dangers, mention the dangers (e.g., because of the danger of drowning, the student is expected to wear a life jacket at all times**.)]: a) to do exactly what he/she is instructed to do by the Directors and chaperones; b) to adhere to all Cobb County school student rules and regulations. In addition, I acknowledge and agree that i) the Director, at any time and in his sole discretion, may send my student home for misbehavior and /or infractions of the rules,; ii) in such a case, neither I nor my student will be entitled to any refund of fees or expenses paid or incurred by me or my student, and iii) in such a case, I will be responsible for all costs incurred by the Orchestra/Band of returning my student home.**

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.

7. Insurance: I understand that the Cobb County School District (District) does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance 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. I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors(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 the Cobb County School District (District), its Board of Education, and its employees, agents, 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, or the student 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 trip, 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

Home Address: _____

Telephone:

Home: _____ Cell: _____ Work: _____