PERMISSION TO PARTICIPATE IN AFTER-SCHOOL ACTIVITY

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_ School Name-Griffin Middle School

ACTIVITY: PTSA Dance to be held on April 27, 2019 from 7:00 pm – 10:00 pm – Parents/Guardians

MUST pick up students by 10:00 pm in the back of the school at the car rider pick-up area.

I (Parent/Guardian Name-PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that

participation in the PTSA dance is not mandatory.

My Child (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may participate in the dance.

Admission to dance is $15.00 until April 24. Tickets will be sold before school on April 25 for $20. No

tickets will be sold after school begins on April 25.

This permission slip must be returned to the school store no later than April 25, in

order for your child to attend the dance. A list will be compiled of all students whose permission slips

are received by the required date.

If any emergency medical procedure or treatment is required during this time, I consent to the

supervising personnel taking, arranging for, or consenting to the procedures or treatment in his/her

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 knows 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 after-school activity, including but not limited to the rendering of

emergency medical procedures or treatment.

NOTE: This form MUST be signed by parent/guardian for student to participate.

Name of Parent/Guardian (Please Print) Signature of Parent/Guardian

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

Phone # Date

Please respond to one of the two choices below

My child will be picked up by parent/guardian Yes or No

My child will be picked up by another adult Yes Name of adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_