

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 23. From April 24 until April 25 at noon, admission is \$20. No tickets will be sold after noon on April 25.

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