

\* Please note "Despicable Me" is a PG rated movie  
Deadline to return and r.s.v.p. Tuesday, February 21st.



Cobb County School District  
A community with a passion for learning!

Event open only to TR students, ASP students must be signed out  
of ASP program first by parent. Form IFCB-4

## PERMISSION TO PARTICIPATE IN ONE DAY FIELDTRIPS

Teacher Name RFL Movie night! School Name Timber Ridge Elementary

### GENERAL INFORMATION

Destination Site: Onsite: T.R. Cafeteria and PE room,

Date/s of Trip: Friday 2/24/12 Approximate Departure Time: event from 6-8:30 PM Approximate Return Time: \_\_\_\_\_

Donation Requested per Student: \$ 15.00 Method of Transportation: Inhouse  
*\* 10.00 each add sibling*

Approximate Number of Participating: Students: 447, 100 Adult Supervisors: @ least 10-15 adults (as needed)

Additional Teacher Comments: Timber Ridge students that participate will enjoy a pizza dinner, followed by the movie "Despicable Me." all proceeds benefit Relay For Life,

The 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 (Student's Name-PLEASE PRINT): \_\_\_\_\_ be allowed to participate in the field trip described above and specifically consent to his/her participation.

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.

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 2/28/06

\* Emergency contact name: cell phone: Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_