(STATE OF GEORGIA)	TRIP, RELEASE, COVENANT NOT TO SUE
(RICHMOND COUNTY)	AND INDEMNITY
In consideration for my child participate in this field trip, this per has been signed only after understan	d,, being allowed to mission form, Release, Covenant Not To Sue and Indemnity ding and considering the following:
	D PURPOSE: Our class has planned an instructional field, to visit the
m The stude	_m., and we will return to the school by approximately ents will be flying on a commercial airliner and assume the ch risk shall comprise a part of this release.
includes \$ H	contribution for the field trip which owever, no student will be denied the trip or penalized for oution. Please send your voluntary contribution by so that we trip.
All clothing, medical supplies shall be the responsibility of the pare	es, food, spending money and any other expense of any kind ents and students.
expected, and has been instructed b	AND INSTRUCTIONS: I understand that the child is by me to follow exactly the supervisors' instructions and all or guardians of the student reviewed the letter and agreed to as Exhibit "A".

4. CONSENT: I request my child be allowed to participate in the trip planned and specifically consent to his/her participation.

personally responsible for any medical expenses.

any insurance relative to the trip or for injuries to the student. I confirm that my child has insurance through my own insurance company, or other type coverage, or that I shall be

INSURANCE: I understand that the Board of Education does not or may not carry

- 5. MEDICAL TREATMENT: 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.
- 6. COVENANT NOT TO SUE: I release, covenant not to institute any suit or claim, waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or RICHMOND COUNTY BOARD OF EDUCATION

 PAGE 2 of 2

any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising or the rendering of emergency medical procedures or treatment, if any.

[NOTE: To the extent there is liability insurance coverage the covenant not to sue is waived by the school board to the limits of the liability insurance. However, no guaranty or representation is made that any coverage is available or applicable.]

This	day of	, 20
		*PARENT/GUARDIAN
		Address:
		Telephone:

*ONLY PARENTS AND GUARDIANS MAY SIGN.

EXHIBIT "A"

TO WHOM IT MAY CONCERN:

Ι							participate that if in the judg		
war war	d may be d. Further medical o	sent home , I authorize or surgical	immediate ze any adu treatment	ely, and l lt at the which m	will be respons program to exer hay be deemed r	tible for cise his necessar	that if in the judg detriment to the any expense income the discretion in the formy ward	curred by a	my ing
						(name	of student)		
This	5		day of	•	, 20				
SW	ORN TO	AND SUB	SCRIBED	before	PARENT (Gua	rdian)			
me	this		day of						
		, 2	20						
	TARY PU ORGIA	JBLIC, RIC	CHMOND	COUNT	(SEAL)				