



WASHINGTON, DC 2018

White County Ninth Grade Academy

Student Name (First, Last)		Date
Mailing Address		
City		Zip
Primary Phone #	Alternate Phone #	Date of Birth
Parent Email Address	T-Shirt Size	3rd Block Teacher

AGREEMENT

This is to certify that the above named student has my permission to attend the NGA's 2018 Washington, DC Trip. I also do hereby, on behalf of the above named student, absolve and release the school officials and trip chaperones from any claims for personal injuries which might be sustained while he/she is en route to and from or during the event.

The White County School System does not or may not carry any insurance relative to fieldtrips, 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 WCSS or through my own insurance carrier.

I 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 my child 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 for the trip supervisor(s) to take, arrange or consent for procedures or treatment.

I agree to release, indemnify, and hold harmless the White County School System, its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors ("System Indemnities") 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 System Indemnities or which may be brought against the System Indemnities 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.

Parent: Print Name _____ Signature _____

I agree to abide by all rules set forth by the administration and teachers on this trip:

Student: Print Name _____ Signature _____

Date: _____