Student's Name:_____

Grade:

This permission form applies to the following:

School Retreats

Classroom field trips

Royal Players/Drama Events

Athletic Events, games and practices

Graduation Practice

Band & Choir Festivals

Special Needs/Parent's wishes: If your student has allergies or other medical or special needs, please write them in the space provided below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect below. I further understand that a situation may arise where immediate medical attention may become necessary for my child and give permission to the school staff to authorize this treatment.

Special student information attached. Parents initial here:_____

If you initialed this space, please also communication your wishes to your child.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and act ivies. I/we agree to hold harmless Jackson Christian School its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, it's employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume financial liability beyond its actual liability insurance policy in force.

PARENT/GAURDIAN SIGNATURE_____