PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

CHARLOTTE-MECKLENBURG SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My Child to Ride with Private Drivers
- My Child to Ride with Another Student Participating in Activity
- My Child to Transport Other Students

BACKGROUND

My child, ___________________________________________, has permission to participate in the field trip to the ____________________ ______________________ (“activity”) on ______ /______ /_____. I understand that this activity involves travel to and from _______________________________. I also understand that this activity (circle one) does / does not involve staying overnight. I understand and acknowledge that the Charlotte-Mecklenburg Board of Education (“Board”) is the legal entity that operates Charlotte-Mecklenburg Schools (“CMS” or “District”).

CONDUCT DURING ACTIVITY

I understand that my child’s participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established for this activity; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

TRANSPORTATION PERMISSIONS AND WAIVER

I also understand that private drivers, which may include my child (pending my written permission below), a teacher, an administrator, or the parent of another student participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. The District’s insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver (including student-drivers), arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived.

Please initial on the three spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

_____   I give permission for my child to ride in a vehicle to and from the activity with another student.

_____   I give permission for my child to transport students to and from the activity.

_____   I give permission for my child to ride in a vehicle driven by a teacher, an administrator, sponsor, or parent of another student to the activity.

I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.
ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

**By signing this form, however, I hereby** release CMS, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

**SIGNATURE**

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ___ day of _______, 200__.

This consent and release has been read and is understood by me.

___________________________________________  _________________

Student's signature (If 18 years or older)          Date

___________________________________________  _________________

Signature of Student's Parent or Legal Guardian  Date
(If Student is less than 18 years)