

Overnight Permission

Exhibit IFCB-5

COBB COUNTY SCHOOL DISTRICT PERMISSION TO PARTICIPATE IN ATHLETIC OVERNIGHT TRIPS

STUDENT'S NAME: _____

This permission form has been signed only after understanding and considering the following:

1. **TRIP PLANNED:** Trip to Brunswick Ga for Golden Isle Invitre

2. **PURPOSES OF TRIP:** to compete against other lacrosse programs

3. **SUPERVISION:** Swimming Coaching Staff, Chaperones

4. **TRANSPORTATION:** Coach Bus

5. **REQUIREMENTS:** Swim

6. **EXPECTATIONS AND INSTRUCTIONS:** I understand the student is expected, and the student has been instructed by me:

- a) to do exactly what she/he is instructed to do by the coaches and chaperones,
- b) to adhere to all Cobb County School student rules and regulations as if on Pope's Campus

In addition, I acknowledge and agree that the coaches, at any time and their sole discretion, may send my student home for misbehavior and/or infractions of rules, (ii) in such a case, neither I nor my student will be entitled to any refund of trip fees or expenses paid or incurred by me or my student and (iii) in such a case, I will be responsible for all costs incurred by the Swim Team &/or Lacrosse Booster Club of returning my student home.

7. **INSURANCE:** I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Benefit Plan provided by the Cobb County School District or through my own insurance carrier.

I request that the above-named student be allowed to participate in the trip planned 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 release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or 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 out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Signatures of Parent (s)/Guardian (s)

Address, Telephone and Date