

**Autauga County Board of Education**

**Permission Slip and Waiver of Liability**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, give  
(Printed Name of Parent) (Printed Name of Student)

permission for my child to participate in the \_\_\_\_\_ (“the Activity”).

I understand that the activity is optional and I may have to make special care arrangements for my child during the time of the activity. I assume all risks and hazards of loss or injury of any kind may arise in connection with the activity, except for the gross negligence or intentional infliction of harm by the Autauga County Board of Education, its officers, employees, or agents.

I do hereby release and hold harmless the Board, its officers, employees, and agents from any and all claims, costs, suits, actions, judgments, and expenses for any damages, loss or injury to my child or damage to my child’s property arising from my child’s participation in the activity.

---

**Parent/Guardian Signature**

---

**Date**