## Autauga County Board of Education Permission Slip and Waiver of Liability

1,, &	is parent or legal guardian of _	give permission
(Printed Name of Parent)		(Printed Name of Student) give permission
for my child to participate in the	ne	("the Activity").
	(Printed Name of Activity, e.g. field trip	o, football, etc.)
I understand that the activity	is optional and I may have to	make special care arrangements for
my child during the time of the	ne activity. I assume all risks	and hazards of loss or injury of any
•	•	
kind that may arise in connec	ction with the activity, excen	t for gross negligence or intentional
<i>a</i>		
infliction of harm by the Auta	iga County Board of Education	on, its officers, employees or agents.
mineral of harm by the fraction	aga county Board of Education	on, its officers, emproyees or agents.
I do hereby agree to release an	d hold harmless the Board its	s officers, employees and agents from
T do hereby agree to release an	a nota narmess the Board, it	officers, emproyees and agents from
any and all claims costs suits	actions judgments and expe	nses for any damage, loss or injury to
any and an claims, costs, suits	, actions, judgments and expe	ises for any damage, loss of injury to
my shild or domage to my shil	d'a proporty origina from my	ahild's participation in the activity
my child of damage to my chil	a s property arising from my	child's participation in the activity.
Parent/Guardian Signature		
Date		