Dear Parent or Guardian,

The 7th grade will take a field trip to Topgolf and West Town Mall Food Court on Wednesday, May 14th. The cost to attend will be \$18. This includes 2 hours of playtime at Topgolf, a drink at Topgolf, and transportation. Students who receive 2 office referrals or 1 OSS assignment after Monday, February 3 will not be allowed to attend the field trip. Permission slips are due by Wednesday, May 7th. Payment can be made by cash or online up until the trip date. Buses will depart the school at 9:15 a.m. We will return to school at approximately 2:30 p.m.

<u>Lunch</u> is NOT included in the cost of the trip. Students can purchase lunch at the West Town Mall food court, request a school lunch, or bring a lunch from home. Students can also order from the menu at Topgolf.

Complete the bottom of the form and return it to your student's homeroom teacher if you permit them to attend. Permission Slip				
Choose ONE lunch option:				
☐ Food Court/Bringing Money	on the Day of			
☐ Home Lunch				
☐ School Lunch				
Choose ONE payment option:				
☐ Cash				
□ Online				
I would like to donate \$ to	help sponsor another child to go on this trip.			
Parent Signature	Date			

NO PERMISSION SLIPS WILL BE ACCEPTED AFTER WEDNESDAY MAY 7, 2025.

PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS (HIGH RISK)

(Bus transportation)

KNOX COUNTY SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

(If Student is less than 18 years)

Release and Acknowledgement of Personal Liability

My child,	has permission	to participa	te in the field
trip to the	("activity") on	/	/ I understand that
this activity involves travel to and from		also under	stand that this activity (circle
one) does / does not involve staying overnight. I und	lerstand and acknowledge	that the Kno	x County Board of Education
("Board") is the legal entity that operates Knox Coun	ity Schools ("KCS" or "Distr	ict").	
CONDUCT DURING ACTIVITY			
I understand that my child's participation in the activ	vity is a privilege, and not a	right. I ackn	owledge that I have spoken
with my child about my child's need to comply with	the specific rules and requi	rements est	ablished 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 ru	les and policies apply to m	y child and t	he other students during the
course of the field trip.			
I also understand that I have the ability to refuse to s	sign this Form. In addition,	that if I refu	se to sign, my
child will not be permitted to participate in the activi			
ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND \			
I also understand that this field trip may expose my o	child/student to some risks	and I assum	e any such risk that may aris
there from. I accept full responsibility for all medical	expenses for any injuries t	hat might or	cur to my child/student by
reason of his/her participation.			
By signing this form, however, I hereby release Knox	County Schools and its ind	ividual scho	ol, its Board, its Board
members, administrators, directors, officers, teacher	rs, employees, agents, assig	gns, and volu	inteers ("released parties")
from and against any and all claims, demands, action	is, complaints, suits or other	er forms of li	ability that any of them may
sustain in their individual and/or corporate capacitie	s, known or unknown, whi	ch Parent/G	uardian and/or Student has
or ever had or may in the future have against Release	ees or any of the Released	Parties arisi	ng out of or relating to the
field trip described herein. I also agree to indemnify	and hold harmless the rele	ased parties	from the released claims,
including any and all related costs, fees, liabilities, se	ttlements, and/or judgmer	its.	
SIGNATURE			recorded to state out the subjective Digital In-
I confirm that I have carefully read this CONSENT AN	D RELEASE and agree to its	terms know	ingly and voluntarily. I also
confirm that I am the parent or legal guardian of the	child or I am a student 18y	ears or olde	c.
I have signed this CONSENT AND RELEASE this da	y of, 202		
This consent and release has been read and is unders	stood by me.		
Student's signature (If 18 years or older)	Date		
Student's Name (print)	28		
Signature of Student's Parent or Legal Guardian	Date		