



COLLETON COUNTY SCHOOL DISTRICT

P.O. Box 290, Walterboro, SC 29488 • Telephone 843-549-5715

ACTIVITY AND TRAVEL PERMISSION AND RELEASE FORM

I am the parent or legal guardian of \_\_\_\_\_, a student in the Colleton County School District. I have been informed as to the nature of the trip sponsored by the Colleton County School District described below and hereby grant permission for my child to participate in such an activity.

I understand that transportation for this activity will be provided by the Colleton County School District. I further understand that while under the supervision of the Colleton County School District or its legal agents or employees, my child may be insured under the District's liability insurance policy. However, for any acts taken by my child while not under the District's supervision or which are unrelated to the below described activity, I hereby release and hold harmless the Colleton County School District, its trustees, employees, agents, representatives, coaches and volunteers from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise in connection with the below described activity. I further indemnify the Colleton County School District, its trustees, employees, agents, coaches, and volunteers for any liability, action, causes of action, debts, claims, or demands of every kind and nature whatsoever which may be brought by my child arising by or in connection with the below described activity while not under the actual supervision of the District or for actions taken by my child unrelated to the below described activity.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

Description of Activity:
Date of Activity:
Place of Departure:
Time of Departure:
Approximate time of Return:
Mode of Transportation:
Teacher in Charge:

I affirm that I am a student of Colleton County School District and am 18 years of age or older. I have read and understand all of the above information regarding release and indemnity of liability for acts not under the supervision of the District and acts unrelated to the activity described above. I hereby agree to release, hold harmless and indemnify the District on the same terms as outlined above.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student 18 years or older)