

**DEKALB COUNTY, GEORGIA AND DEKALB COUNTY EXTENSION
PERMISSION APPROVAL AND WAIVER OF LIABILITY**

EVENT

DATE OF EVENT

I understand that my child, _____, age _____ is involved in an activity or event that may involve risk of property damage, bodily and/or personal injury including injury that may prove life threatening. Examples of the risks that may be encountered during the activity or event have been explained to me. Examples of these risks may include, but are not necessarily limited to, drowning, cuts, falls, and burns, injuries from accidents in boats, cars and others; as well as other risks that may not be foreseeable. I assume any and all such risks, whether foreseeable or unforeseeable.

This is to state that my child whose name appears above has my permission to participate in the following event:

_____ scheduled for _____, _____, 20____. The group
(name of event) (location) (date) (year)
will leave from _____ at _____ a.m./p.m. on _____ and is scheduled to return to
(location departure) (time) (date)
_____ at _____ a.m./p.m. The person in charge of the group will be _____.
(return location) (time) (name) (title)

It is understood that DeKalb County, Georgia and the DeKalb Extension have no contractual duty to provide a completely safe program atmosphere and that none of the above entities carries insurance on program activities or field trip participants. I understand that DeKalb County, Georgia and the DeKalb County Extension shall rely at all times on the doctrine of sovereign immunity in connection with claims, suits or actions brought in connection with programs, activities and/or field trips and that acceptance of this form shall not constitute a waiver, in whole or in part, of sovereign immunity by any of the above entities.

With this in mind, I expressly release and forever discharge each and every one of the above entities, their members individually and their officers, agents and employees from any and all liability for damage or injury to my child, this includes, but is not limited to, all forms of negligence, whether active or passive, misfeasance or nonfeasance, whether causing bodily or physical injury, property damage, non-physical or mental injury and/or emotional harm, which in any way arises from or is in any way connected with my child's participation in the program, activity or field trip.

Furthermore, I agree to indemnify and hold harmless DeKalb County, Georgia and the DeKalb County Extension from any and all suits, claims, demands, rights, actions and causes of action, at law or equity, which might arise from or be in any way connected with my child's participation in the program, activity or field trip.

The undersigned stipulates that the acts and duties of DeKalb County, Georgia and the DeKalb County Extension and their employees are discretionary in nature and involve the exercise of judgment in the context of participation in programs, activities or field trips. In consideration of my child's participation in the program, activity or field trip, the undersigned covenants not to sue DeKalb County, Georgia, the DeKalb County Extension, any and all their members, officers, agents or employees for any claim or cause of action which might arise from or in any way be connected with participation in such programs, activities or field trips.

I understand that by signing this form, I have read and understood the above.

PARENT OR GUARDIAN SIGNATURE

ADDRESS

PRINTED NAME

CITY, STATE, ZIP

DATE

(AREA CODE) TELEPHONE NUMBER