



Permission Form

As a participant in **the GEAR UP academic reward program grade level competition**, your child is eligible to go on a trip to COSI. Your child is receiving this trip due to their grade level's good attendance, good grades and low discipline. Keep up the good work Crooksville. Each grade level competes each grading period for an end of the grading period activity. Congratulations to the **Senior class!**

We have planned a trip to **COSI**. This trip will take place on Thursday, January 24th, 2019. **In the event that the 24th is a snow day the trip will automatically be moved to Friday, the 25th.** This experience is completely **FREE** for your child - all transportation and meals will be paid for by GEAR UP through funding granted by the Ohio Department of Education. Students will be accompanied by GEAR UP employees as well as AmeriCorps Ohio College Guides to ensure that your child is safe.

Agenda:

- 8:45 am** Leave CHS
- 10:00am** Arrive at COSI
- 12:00 pm** Lunch
- 12:45 pm** Leave COSI
- 2:00 pm** Arrive at CHS

Please complete the attached permission slip. Your child must return this completed form (along with any others in this packet) to **the GEAR UP ROOM, Tuesday, January 22nd, 2019 by 2:00 p.m..**

Please contact me with any concerns or questions.

Sincerely,

Rebecca Davis
GEAR UP Advisor
rdavis@mccf.org
740-982-7015 ext. 1213



PARENT TRIP REQUEST AND RELEASE FORM
(Please return this portion to us)

I, _____ am the parent and/or legal guardian of

I hereby request permission for the above-named minor(s) to attend the following voluntary trip:

When: Thursday, January 24th (25th if the 24th is a snow day)

Where: COSI, Columbus

I, as the parent/guardian of the undersigned minor(s), hereby consent to the minor's participation in such activity and agree to hold harmless, any and all chaperones for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity.

The undersigned further agrees to hold harmless any and all chaperones from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the indemnities as the result of negligent, willful, or intentional acts of the undersigned and/or participant.

I hereby give my permission to the chaperones to utilize the participant images, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Parent/Guardian Signature _____ **Date** _____

Parent(s)/Guardian(s) Name _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Parent Email _____

Student Email _____

Emergency Contact Name (Other than Parent/Guardian) _____