Dear Parent or Guardian,

The 7th grade will be taking a field trip on Monday, December 15th to Main Event. The cost to attend will be \$32, which includes 4 hours of access to all Main Event activities, a \$10 arcade card, two slices of pizza, a drink, and transportation. Students who receive 2 office referrals or 1 OSS assignment after Monday, October 20 will not be allowed to attend the field trip.

Permission slips are due by Monday, December 8th. Payment can be made by cash or online up until the date of the trip. Buses will depart the school at 9:20 a.m. We will return to the school at approximately 2:30 p.m.

Lunch is included in the cost of the trip. Students with food allergies or restrictions can bring lunch from home or request a school lunch. Please circle a lunch option below.

There will be a concession stand at Main Event if students want to bring spending money.

	Per	mission Slip			
Student Name:		Homeroom Teacher:			
Circle One Lunch Opt	ion:				
Main Event	Home Lunch	School Lunch			
Circle One Form of Pa	yment:				
Cash	Online				
I would like to donate	\$ to help spo	onsor another child to go on this trip.			
Parent Signature		Date			

NO PERMISSION SLIPS WILL BE ACCEPTED AFTER MONDAY DECEMBER 8, 2025.

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

(Bus transportation)

KNOX COUNTY SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

 Release and Acknowledgement of Per 	rsonal Liabilit	У			
My child,		has posmis	sion to eastle	ipate in the fle	let.
trip to the T++ Grade Field Trip this activity involves travel to and from Mal one) does / does not involve staying overnight. I u ("Board") is the legal entity that operates Knox Co	n Evel	("activity") o	on 12 /_ I also und dge that the I	15 / 25 . lerstand that t	I understand the
CONDUCT DURING ACTIVITY I understand that my child's participation in the ac with my child about my child's need to comply with District policies and procedures; rules of conduct so regulations and laws. I understand that all District course of the field trip. I also understand that I have the ability to refuse to	th the specific set forth in th rules and poi	rules and re e Student Co licies apply to	equirements ode of Condu o my child an	established for ct; and, state a d the other stu	r this activity; all and federal udents during the
child will not be permitted to participate in the act	ivity.	m. m aduru	on, that ir i re	ruse to sign, n	iy
ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND					
I also understand that this field trip may expose my there from. I accept full responsibility for all medica reason of his/her participation. By signing this form, however, I hereby release Kno	al expenses f	or any injurie	es that might	occur to my ch	hild/student by
members, administrators, directors, officers, teacher from and against any and all claims, demands, actions sustain in their individual and/or corporate capacitions or ever had or may in the future have against Release field trip described herein. I also agree to indemnify including any and all related costs, fees, liabilities, so	ers, employe ons, complain ies, known or isees or any o y and hold ha	es, agents, a ets, suits or o unknown, w of the Release rmless the re	ssigns, and wo ther forms of which Parent/ ed Parties ari eleased partie	olunteers ("rel fliability that a Guardian and/ sing out of or a	eased parties") any of them may or Student has relating to the
SIGNATURE					
I confirm that I have carefully read this CONSENT AN confirm that I am the parent or legal guardian of the	ND RELEASE a e child or I an	ind agree to n a student 1	its terms kno 8years or old	wingly and vol	luntarily. I also
I have signed this CONSENT AND RELEASE this d	lay of	, 202			
This consent and release has been read and is under	rstood by me				
Student's signature (If 18 years or older)	Date				
Student's Name (print)	-				
Signature of Student's Parent or Legal Guardian (If Student is less than 18 years)	Date				