

Dear Parent or Guardian,

The 6th grade will be taking our spring semester field trip to Wonderworks on Monday, May 19, 2025. The cost to attend will be \$30, which includes transportation, access to all Wonderworks activities and CiCi's pizza buffet. **Students can pack a lunch from home or request a free school lunch if needed.*

The Wonderworks activities include laser tag, rock climbing wall and ropes course. There is a required waiver that must be completed for EVERY student. **See waiver on back*

Payment can be made by cash, check or online. **No permission slips will be accepted after Wednesday, May 14th. NO EXCEPTIONS.**

It is NOT necessary to send money with your student, however, there will be an arcade and concession stand available. Students are allowed to bring money from home but it is their responsibility to keep up with it.

Students who receive 1 OSS or 2 days of RLC/Off Team after February 5th will not be allowed to go on the field trip.

(Return paper to Homeroom Teacher)

Permission Slip

Student Name: _____

Homeroom Teacher: _____

I give permission for my child to attend the field trip to Wonderworks in Pigeon Forge.

Parent Signature _____ Date _____

I would like to donate \$ _____ to help sponsor another child to go on this trip.

NO PERMISSION SLIPS WILL BE ACCEPTED AFTER WEDNESDAY, MAY 14th.

Rock Climbing Wall And Ropes Course Release Waiver (100 Music Road Pigeon Forge, TN 37863)

I HAVE READ THIS PERMISSION AND RELEASE OF LIABILITY AND I FULLY UNDERSTAND ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Release Waiver: By the signature below, I acknowledge and agree that: 1.) I assume all risk for participating or (assume risk for my minor child if participant is under 18 years of age) in the Clip and Climb Indoor feature at WonderWorks-Tennessee. I release, indemnify, and hold harmless WonderWorks, their officers, directors, agents and/or employee, other participants, those WonderWorks contracts with, and the owners and lessors of the property to from all injury, disability, loss or damage to person or property, or death arising from the negligence of the releases or otherwise, to the fullest extent of the law. I have read this permission and release of liability and I fully understand the terms, understanding that I have given up legal rights by signing this document, and I sign it freely and voluntarily without any inducement.

To participate in using both the rock climbing wall and ropes course, EVERY child in the group must have a waiver signed by their parent or guardian and every adult must print and sign their name

Guardian's First & Last Name: _____ Date: ____/____/____

Guest 17 & under Name: _____

Guest 17 & under Name: _____

Guardian's Signature for under 17: _____ Contact:()

Adults 18 & over Print name: _____ Signature _____

Adults 18 & Over Print name: _____ Signature _____

Adults 18 & Over Print name: _____ Signature _____



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

(Bus transportation)

KNOX COUNTY SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

- Release and Acknowledgement of Personal Liability

My child, _____, has permission to participate in the field trip to the _____ ("activity") on ____/____/____. I understand that this activity involves travel to and from _____. I also understand that this activity (circle one) does / does not involve staying overnight. I understand and acknowledge that the Knox County Board of Education ("Board") is the legal entity that operates Knox County Schools ("KCS" or "District").

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established 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 rules and policies apply to my child and the other students during the course of the field trip.

I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this field trip may expose my child/student to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child/student by reason of his/her participation.

By signing this form, however, I hereby release Knox County Schools and its individual school, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain in their individual and/or corporate capacities, known or unknown, which Parent/Guardian and/or Student has or ever had or may in the future have against Releasees or any of the Released Parties arising out of or relating to the field trip described herein. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ____ day of _____, 202__.

This consent and release has been read and is understood 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