

College of the Mainland (COM) Sponsored Activity/Event
For Collegiate High School (CHS) Students

My child, _____, has my permission to attend and participate in the following school-sponsored trip:

Name of Activity/Event: _____

Date of Event: _____

Location of Activity/Event: _____

Departure and Return Time: _____

Home School District: _____

Transportation (COM van, student provided, or other): _____

Parent/Guardian: I understand that I will be held responsible for my child's actions during these activities.

I understand that COM, my local school district, or participating business and industry partners cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above referenced activities or events.

Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a student's participation in the trip and/or the receipt of emergency treatment (e.g. any known drug allergies). These trips are outside of CHS activities. Therefore the sponsor will not have access to the medical information that was provided to the CHS office.

Parent's Signature

Date

Student: I understand that I am responsible for my actions during these activities

I understand that COM, my local school district, or participating business and industry partners cannot be held liable for personal injury or loss or damage to personal property which may result from my participation in the above referenced activities or events.

I further understand that I must provide a parent note for any school day missed as a result of these activities or events and will be responsible to notify my professors and complete the work that is missed.

Student's Signature

Date

A signed copy of this form should be submitted to the CHS Office prior to the event.