

©AGC, Inc.

Rock Springs Academy

Consent and Release

We, the undersigned, hereby give permission for our child,

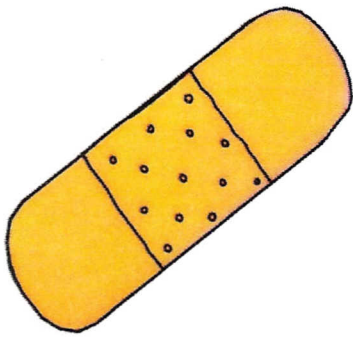
_____ to participate in any and all field trips sponsored by Rock Springs Academy.

In consideration of our child being permitted to participate in any and all field trips conducted by Rock Springs Academy. We, our heirs, executors, administrators and assigns, hereby release, waive and discharge Rock Springs Academy, its officers and employees from any liability, claim, demand, action, or right of action, of whatever kind of nature, either in law or in equity arising from or by reason of any bodily injuries known or unknown, death or property damage resulting or to be a result from any accident which may occur as a result of participation in any and all field trips or any activities in connection with any and all field trips.

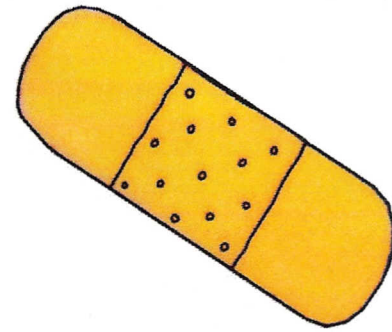
Signed this _____ day of _____ 20_____.

Parent Signature _____

Witness _____



Rock Springs Academy
1133 Rock Springs Road
Smyrna, TN 37167
615-223-7413



"Location of Shots"

My child _____ has received
all of his/her shots and they are current. His/Her shot
records are located at _____
School.

Parent's Signature

Date