

The Cove School
350 Lee Road
Northbrook, IL 60062
(847) 562-2100 Fax (847) 562-2112

HIGH SCHOOL SOCIAL EVENT PERMISSION FORM
(Keep this page for your records)

Social Activity for 8th Grade & High School: **Bowling**

Location: 350 McHenry Road, Buffalo Grove, IL

Date of Activity: Friday, April 7, 2017

Departure Time: 3:30 p.m. **Pick Up Time at Cove:** 7:00 p.m.

Cost of Field Trip: \$35 Includes: Bowling, Laser Tag and Food



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PERMISSION FORM

High School Social Activity & 8th Grade Shadow Day

Bowlero Bowling & Laser Zone

Location: Buffalo Grove

Date of Trip: Friday, April 7, 2017

☐ My child, _____, has permission to attend and participate in the high school & 8th Grade Shadow Day social event on Friday, April 7, 2017.

☐ I will pick my child up from Brunswick by 6:20 p.m.

☐ I will pick my child up from Cove by 7:00 p.m.

A telephone number where I can be reached in case of an emergency is _____

My email address where I can be reached the day of the event is _____

Important information about my child's medial needs (including allergies) is _____

Parent or Legal Guardian Signature _____ Date _____

Waiver

I understand and agree that neither The Cove School, The Cove School Parent Association, The Cove School Board, nor any of their respective employees, officers, agents, contractors or assigns, (hereinafter referred to as "Released Parties") may not be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this event or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this event, I hereby personally assume all risks of this event whether foreseen or unforeseen, that may befall me while I am a participant in this event.

I further release, exempt and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this event.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

Parent or Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____