



Dublin City School District

Student Waiver of Liability and Acceptance of Terms & Conditions for Permission to Participate in Released Time for Religious Instruction

Pursuant to Board Policy and Ohio law, students may be provided “Released Time” from school to attend a course in religious instruction conducted by a private entity off District property. In order to participate in such Released Time, and in order for the student not to be considered absent, the following requirements must be met, and annual written consent provided by the parents/guardians:

1. The student shall assume responsibility for any missed school work.
2. The student shall not be excused from a core curriculum subject course to attend Released Time instruction.
3. The sponsoring entity must maintain attendance records and make them available to the District.
4. Transportation of the student is the complete responsibility of the sponsoring entity, the parents/guardians, or the student.
5. No Dublin City Schools Board funds will be expended for Released Time instruction, nor shall District personnel be involved in the provision of the religious instruction.
6. The sponsoring entity provides and assumes liability for the student.
7. In exchange for the student’s permission to leave campus during the school day, the undersigned hereby release, discharge, and/or waive any and all liability, claims, damages, causes of action and/or demands against the Dublin City School District Board of Education (“Board”) and its employees and volunteers of every kind and nature which may arise from or in connection with such permission, including litigation expenses and attorney’s fees. The undersigned further agree to indemnify and hold harmless the Board and its employees and volunteers from any claim arising out of or related to the student’s participation in Released Time instruction.

By signing below, the undersigned Parents/Guardians acknowledge that they have read and understand the above terms and voluntarily accept them.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please complete the student and Released Time provider contact information below:

Student: _____
Print name Grade Phone

Current school year: _____ (i.e. 2023-2024)

Dates/times student will participate in Released Time instruction: _____

How will the student be transported to the Released Time instruction? _____

Name of provider of Released Time instruction: _____

Location address of Released Time instruction: _____

Phone number and name of Released Time primary contact: _____