

Dear Parent or Guardian,

As a reward for hard work and good behavior, the 6th grade will be going on a field trip on Friday, November 13, 2026. We will be going to Governor's Crossing Theater and Golden Corral (Sevierville). The cost to attend is \$30, which includes transportation, movie and kid's tray (12oz drink, kid size popcorn, fun size candy), and lunch buffet.

Movie info: The Cat in the Hat / Rating: Not Yet Rated

Meet the Cat in the Hat you don't know in an all-new, epic adventure where mischief, magic and mayhem reign supreme.

Payment can be made by cash, check or online (see QR code). Money and permission slips can be turned in any time between September 30th and November 2nd. **No permission slips will be accepted after Wednesday, November 2nd as we must provide a final head count to the theater and restaurant at that time.**

* Students will **not** be permitted to make purchases from the concession stand.

Students who receive 1 OSS or 2 days of RLC/Off Team after September 30th 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 Governor's Crossing Theater and Golden Corral (Sevierville) on November 13, 2026. I give permission for my child to watch The Cat in the Hat (Not Yet Rated).

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 MONDAY, NOVEMBER 2nd @2pm.

Complete FRONT and BACK please 😊



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

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 Governors Crossing/Golden Corral ("activity") on 11 / 13 / 26. I understand that this activity involves travel to and from Sevierville. 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