



## Inflatable Waiver and Permission Form (SAF-F033)

Dear Parent/Guardian:

During \_\_\_\_\_ in the \_\_\_\_\_ school year, your child has the opportunity to  
Name of Event School Year  
participate and play in inflatable(s) provided by \_\_\_\_\_. Your child's participation is  
Name of Company  
voluntary, and to allow your child to participate in the inflatable activity, \_\_\_\_\_ must have  
Name of School  
your written permission.

Your child's safety is important to us. While the School will follow the recommended practices of the  
vendor, \_\_\_\_\_, and will provide appropriate supervision, there is still the risk of  
Name of Company  
illness/injury to your child. By indicating on this Permission Slip that your child has permission to enjoy the  
inflatable activity during field day, you also release School and Clarksville-Montgomery County School  
System (CMCSS) and their employees from any liability in the event of illness or injury of your child  
related to the inflatable activity.

\_\_\_ My child **can** participate in the inflatable provided by \_\_\_\_\_.  
Name of Company

\_\_\_ My child **cannot** participate in the inflatable provided by \_\_\_\_\_.  
Name of Company

Child/Children Name(s)	Grade Level(s)	Homeroom Teacher(s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**I understand that my child's participation is not a mandatory school activity and that my child's participation is completely voluntary and requires my permission.**

**I am fully aware of and fully assume all risks in connection with my child's participation in the inflatable activity. I release, indemnify, and hold harmless School and CMCSS, and their employees from liability arising, directly or indirectly, in connection with my child's participation in the inflatable activity.**

Parent/Guardian Signature:

Date: