



**Orange Unified School District**  
**VOLUNTARY OFF CAMPUS**  
**RELEASED TIME FOR RELIGIOUS EDUCATION PERMISSION FORM**

*To be completed by parent guardian and collected/ maintained by teacher*

Sponsoring Organization/Phone Number: Released Time Christian Education (Chapel on Wheels) -714-221-0795

I hereby authorize (student's name) \_\_\_\_\_ to leave (school) \_\_\_\_\_ and attend released time religious instruction under the conditions set forth on this permission form. My child escorted off school property to a host facility and returned on time by the sponsors of the released time program. The sponsors will be legally responsible for my child when he/she is off District property for the program.

I understand that no employee or volunteer affiliated with Released Time Christian Education is an officer, agent, volunteer, or employee of the Orange Unified School District and as such, the District does not conduct background screening pursuant to Education Code 45125.1, Education Code 44830.1 or Education Code 45122.1.

**I agree to hold Orange Unified School District, its officers, agents and employees harmless from any and all liability or claims, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of in connection with my child's participation in released time for religious education or the rendering of emergency medical procedures or treatment, if any.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Student's ID #: \_\_\_\_\_