

(READ THIS FORM CAREFULLY)

LIABILITY RELEASE AND SCHOOL RELATED  
ACTIVITIES (INCLUDING ATHLETICS) AGREEMENT

I STUDENT INFORMATION:

NAME OF STUDENT: \_\_\_\_\_ EMERGENCY PHONE#(S) \_\_\_\_\_  
NAME OF SCHOOL: \_\_\_\_\_ CURRENT SCHOOL YEAR: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

II FOR HIGH SCHOOL STUDENTS ONLY: I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Activities Association.

Student's Signature (High School Only): \_\_\_\_\_

III PARENT/GUARDIAN INFORMATION:

NAME OF PARENT/GUARDIAN TO BE NOTIFIED IN CASE OF EMERGENCY:  
ADDRESS OF PARENT/GUARDIAN WILL BE LOCATED DURING SCHOOL HOURS:  
PHONE #(S) OF PARENT/GUARDIAN DURING SCHOOL HOURS: \_\_\_\_\_ AFTER SCHOOL:  
FOR EMERGENCY CONTACT:

NAME: \_\_\_\_\_ ADDRESS:  
PHONE # DURING SCHOOL: \_\_\_\_\_ AFTER SCHOOL:

A. RELEASE WAIVER OF LIABILITY: I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue the School Board of \_\_\_\_\_ County, its directors, officers, agents and employees all for the purpose herein referred as "releases," for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore which the above-named student or I may have against releases arising out of or in any way connected with the above-named student's participation in any school-related activity. I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF ANY OF THE RELEASES. I, THE UNDERSIGNED, FURTHER AGREE FOR MYSELF AND ON BEHALF OF THE ABOVE-NAMED STUDENT TO INDEMNIFY THE RELEASES OR ANY ONE OF THEM FROM ANY LOSS, DAMAGE, OR INJURY THEY MAY INCUR AS A RESULT OF THE CONDUCT OF THE ABOVE-NAMED STUDENT WHILE THE ABOVE-NAMED STUDENT IS A PARTICIPANT IN THE SCHOOL-RELATED ACTIVITY.

B. MEDICAL WAIVER: I, the undersigned on behalf of the above-named student, assume the risk of bodily injury while the above-named student is participating in any school-related activity. I further authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the above-named student in the course of any school-related activity. I also understand that the insurance coverage for the above-named student must be at least \$25,000 and if our primary coverage does not reach this limit that I will obtain and verify proof of additional coverage. I also understand that \_\_\_\_\_ County and the Florida High School Activities Association will not be responsible for any medical costs associated with required treatment. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student's participation in any school-related activity is:

Medical Insurance Company Name: \_\_\_\_\_ Policy #:  
(Attach copy of front and back of insurance card)

IV SPECIAL HEALTH CARE INFORMATION: (Allergies, Medications, Treatments, etc.)

Specify situations:

V NOTARY SECTION:

This form must be signed in front of a Notary and is valid for the current school year. I understand that it is my responsibility to notify the school of any changes to this agreement.

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

The foregoing instrument was acknowledged before me by \_\_\_\_\_ (Parent/Guardian) who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification and who executed the foregoing instrument and he/she/they acknowledged before that he/she/they executed the same.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
TYPE, PRINT, OR STAMP NOTARY NAME

MY COMMISSION EXPIRES: