

Off Campus School Activity Parent/Guardian Consent and Release Form
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant
Permission for said student to attend and participate in the following off campus school activity:

Name of Student: _____ D.O.B. _____

Activity: VARIOUS NJROTC Date of Activity: SY 2023-2024

Location: VARIOUS Teacher/Sponsor: SNSI/NSI

Method of Transportation: School Bus X or Private Vehicle X or Charter Bus X

Motor Vehicle Insurance:

I/We understand that under present "no Fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child/ward from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/we choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/we release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward

[Parent, Guardian, Student Initial acknowledgement of this page: _____, _____, _____]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

**** I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE ****

_____ Signature of Student	_____ Witness
_____ Print Name of Student	_____ Print Name of Witness
_____ Date Signed	_____ Date Signed
_____ Signature of Parent/Guardian	_____ Witness
_____ Print Name of Parent/Guardian	_____ Print Name of Witness
_____ Date Signed	_____ Date Signed
_____ Home Address	_____ Home and Emergency Phone #s

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

