

**PERMISSION TO PARTICIPATE
AND
RELEASE FORM**

This form must be signed by the Parent/Guardian and Student.

If not returned to the School before the activity takes place, School reserves the right to deny participation by the Student.

My son/daughter has my permission to participate in the following activity:

ACTIVITY: _____

DATE OF ACTIVITY: _____

TIME AND PLACE
OF ACTIVITY _____

DEPARTURE: _____

RETURN: _____

ITEMS NEEDED: _____

During the activity, I/we can be reached at:

Address _____

Phone _____

In the event of an emergency, if I/we cannot be reached, the following person is authorized to act on my/our behalf.

NAME: _____

ADDRESS: _____ Phone _____

RELATIONSHIP TO STUDENT: _____

I/we hereby waive any and all claims against the School District, Administrators and Employees for any damage or injury which may occur to my son/daughter from any cause or reason whatsoever involved in this activity. This Release shall operate as a complete discharge to the School District, its Administrators and Employees against any claim made by myself, my heirs, or legal representatives.

Executed this _____ day of _____

Student

Parent/Guardian

Please circle: I DO / DO NOT need a lunch from the cafeteria.