## SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

## STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

				School Yo	ear
Name	of Student (Please print)	<del></del>		· · · · · · · · · · · · · · · · · · ·	
Addres	S\$				
Home	Phone ()	Date of Birth		Place of Birth	
	's Work Phone ()				
This ag part. It	reement to travel and participate in ac is also agreed that we will abide by all l	tivities or events sp the rules set down b	oonsored by the Breva by the School Board of	rd County schools is Brevard County and t	entirely voluntary on ou he school.
tudent for this	hool Board of Brevard County, its so s have a thorough understanding of th reason, it is required that each studen n this agreement prior to the student be	ne implications invol nt in the Brevard Co	ved in a student's part ounty schools and his/	icipating in a volunta her parent(s) or guar	ry extracurricular activity dian(s) read, understand
1.	I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.				
2.	I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.				
3.	I/We understand that all school official policy, or policies, for injuries receiparent(s), or guardian(s) through the officials.	ved while participa	ting in school events,	shall be processed	by the student, his/her
4.	I/We hereby accept financial responsi	bility for equipment	or instruments lost, sto	len, or damaged.	
5.	I/We authorize the school to transport may become reasonably necessary f expenses for such transportation and	for the student in th	e course of such activ	ities or such travel.	I/We also agree that the
6.	I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.				
<b>7.</b>	Some extracurricular activities may in Risks and dangers in water may aris participate in these activities when so County harmless for any accident or in and/or damage that may occur while n	se from foreseeable upervised by a spo njury; and hereby as	e and unforeseeable c nsor(s) and I will inde ssume all risks and dar	auses. I/We give pe mnify and hold the S ngers and all respons	ermission for my child to School Board of Brevard
	Student's Signature			Mother's or Guardian's	Signature
	Data	·1		E-th-ol- O-T-I-I-	0
ארבו <i>י</i> י.	Date			Father's or Guardian's	Signature
	AL SEAL)  Iorida, County of	Sworn to an	d cubscribed before me th	nie dou af	, 20 by
IMIS UI F	•				as identification.
	Signature of Notary Public		Typed, P	rinted, or Stamped Nam	e of Notary
	My Commission Evolves		, N. A.	an Dublic Commission A	