## THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## OPEN FACILITIES and SUMMER ATHLETIC PARTICIPATION FORM

Part 1.

**Student Information** 

Stude	ent Name	Grade in School	Age	
lom	e Address	Home Phone		
Nam	e of Parent	Work Phone		-
mer	rgency Contact Person	Phone Number_		-
Part :	2. <u>Student Acknowledgement and Release</u>			
oossiand underelea Osce Coun and I she s compand a sumr sumr subm onge	we been informed and know of the risks involved in athle ible in such participation, and choose to accept such risk welfare while participating in school athletics, income and hold harmless the School Board of Osceola County; my school, school boards, school districtly, the School District of Osceola County, and my school liability for any injury or claim arising out of, resulting summer athletic activities and open facilities use an apetition, and agree to take no legal action against the agents because of any accident or mishap involving man mer athletic activities and open facilities use and/or prosure of my individually identifiable health informated extant the authorization and rights granted herein are initting said revocation in writing to my school. If I choose the eligible for participation in summer athletics.	sks. I voluntarily accept any luding open facilities and of age or older, or should county, its officers, employets, and the schools against old competes, and the control of competes and the control of competes and the control of c	and all respons summer athle I I be otherwise yees and agents of a which the Seest officials of a hletic participate but not limited county or any on is release application of year. I here illness or injuryoke any and all workers and all responses to the county or any and all responses or any any and all responses or any any any and all responses or any	ibility for my own safety etic activities, with full e emancipated, I hereby is; the School District of chool Board of Osceolary and all responsibility tion and participation in to practice and actual f its officers, employees es to all participation in eby authorize the use or my become necessary. Ill of them at any time by
Stude	ent Name (Printed) Signature o	of Student		Date
Part :				
	(To be signed by all parents; where divorced or se	parated, parent with legal c	ustody must sig	n.)
۹.	I/We hereby give consent for my/our child/ward to part	ticipate in Summer Athletic	Activities and O	pen Facilities.
	I/We accept any and all responsibility for his/her saf understanding of the risks involved. I/We release and employees and agents; the School District of Osceo	d hold harmless the Schoo	l Board of Osce	eola County, its officers,

seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which Page 1 of 2 FC-600-2480 (07/10/13)

C. Read this form completely and carefully. You are agreeing to let your minor child/ward engage in a potentially dangerous activity. You are agreeing that, even if your child's/ward's school, the schools against which it competes, the school district, and the contest officials use reasonable care in providing this activity, there is a chance your child/ward may be

districts, and the schools against which the School Board of Osceola County, the School District of Osceola County and my/our child's/ward's school competes, and the contest officials of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such accident that may occur in transit to or from any athletic event,

including, but not limited to any summer athletic activities, open facilities and any FHSAA sanctioned event.

## THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## OPEN FACILITIES and SUMMER ATHLETIC PARTICIPATION FORM

cannot be avoided or eliminated. By signing this form you are giving up your child's/ward's right and your right to recover from your child's/ward's school, the schools against which it competes, the school board, the school district, and the contest officials in a lawsuit for any personal injury, including death, to your child/ward or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and your child's/ward's school, the school against which it competes, the school board, the school district, and the contest officials have the right to refuse to let your child/ward participate if you do not sign this form. As used herein, the term "activity" includes, but is not limited to open facilities, summer athletic events/activities, and any FHSAA sanctioned event, game or activity.

I/We know of, and acknowledge that my/our child/ward knows of, the risks involved in summer athletic participation and open facilities, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in school athletics. With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, and its officers, employees and assigns; the School District of Osceola County; my/our child's/ward's school; and the school boards, school districts and the schools against which the School Board of Osceola County, the School District of Osceola County and my/our child's/ward's school competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the summer athletic activities and open facilities, and agree to take no legal action against the School Board of Osceola County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward and agree to take no legal action against the School Board of Osceola County or any officer, employee or agent because of any accident or mishap involving athletic participation. This release applies to all participation in summer athletic activities and open facilities for the entire school year. I/We authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/We further hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we grant the released parties the right to photograph and/or videotape my/our child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising promotional and commercial materials without reservation. I/We understand that the authorization and rights granted herein are voluntary and that I/we may revoke any and all of them at any time by submitting said revocation in writing to my/our child's/ward's school. If I/we choose to submit a revocation, however, I/we understand that my/our child/ward will no longer be eligible for participation in summer athletic activities and open facilities.

E. Please check the appropriate My child/ward is covere	line. ed under our family health plan which has limits of not	t less than \$25,000.			
Company	Policy Number	Policy Number			
accident insurance plan website for application:  County)	rance for my/our child/ward and we have elected to the school time basic accident insurance plan fro www.floridaschoolinsurance.com or www.schooli	m Florida School Insurance. See their nsuranceofflorida.com (select Osceola			
of Osceola County.	s not provided for summer athletic activities and ope	en facilities through the School District			
I/WE HAVE READ THIS CAREFULLY	AND KNOW IT CONTAINS A RELEASE.				
Name of Parent (Printed)	Signature of Parent	Date			
Name of Parent (Printed)	Signature of Parent	Date			