



**VOLUSIA COUNTY SCHOOLS
SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER**

Name of Student _____ Emergency Phone Numbers _____
Name of School _____ Current School Year _____
Date of Birth _____ Place of Birth _____

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 Athletics Association (FHSAA).

Student's Signature _____ Date _____

PARENT/GUARDIAN INFORMATION

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 Volusia County, its directors, officers, agents and employees all for the purpose hereby referenced 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. 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 follows.

Medical Insurance Company Name _____ Policy # _____

SPECIAL HEALTH CARE INFORMATION (allergies, medications, treatments, etc.)

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 ID) _____ as identification and who executed the foregoing instrument and he/she acknowledged before that he/she executed the same.

Notary Public, State of Florida _____ Notary Commission Number _____

Type, print or stamp notary name _____ My commission expires _____