THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

OPEN FACILITIES and SUMMER ATHLETIC PARTICIPATION FORM

Part 1. Student Information

Student Name _____ Grade in School _____ Age_____

Home Address_____ Home Phone _____

Name of Parent_____ Work Phone_____

Emergency Contact Person_____ Phone Number_____

Part 2. Student Acknowledgement and Release

I have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in school athletics, including open facilities and summer athletic activities, with full understanding of the risks involved. **Should I be 18 years of age or older, or should I be otherwise emancipated, I hereby release and hold harmless the School Board of Osceola County, its officers, employees and agents; the School District of Osceola County; my school, school boards, school districts, and the schools against which the School Board of Osceola County, the School District of Osceola County, and my 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 athletic participation and participation in the summer athletic activities and open facilities use and/or programs, including but not limited to practice and actual competition, and agree to take no legal action against the School Board of Osceola County or any of its officers, employees and agents because of any accident or mishap involving my athletic participation. This release applies to all participation in summer athletic activities and open facilities use and/or programs for the entire school year.** I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my school. If I choose to submit a revocation, however, I understand that I will no longer be eligible for participation in summer athletics.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

_____	_____	_____
Student Name (Printed)	Signature of Student	Date

Part 3. Parental Consent, Acknowledgement and Release From Liability Certificate
(To be signed by all parents; where divorced or separated, parent with legal custody must sign.)

A. I/We hereby give consent for my/our child/ward to participate in Summer Athletic Activities and Open Facilities.

B. I/We accept any and all responsibility for his/her safety and welfare while in transit to the athletic event. With full understanding of the risks involved**. I/We release and hold harmless the School Board of Osceola County, its officers, employees and agents; the School District of Osceola County; my/our child's/ward's school; 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 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.**

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 seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which

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.

D. 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 line.

_____ My child/ward is covered under our family health plan which has limits of not less than $25,000.

Company_____ Policy Number _____

_____ I/We have no health insurance for my/our child/ward and we have elected to purchase the 24 hour student basic accident insurance plan or the school time basic accident insurance plan from Florida School Insurance. See their website for application: **www.floridaschoolinsurance.com or www.schoolinsuranceofflorida.com (select Osceola County)**

_____ **We understand insurance is not provided for summer athletic activities and open facilities through the School District of Osceola County.**

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