

# 2016-17 GENERAL PERMISSION/LIABILITY RELEASE FORM

As an Expeditionary Learning school, Four Rivers creates opportunities for learning and activities away from school and some that can involve risk. This form asks your general permission and assumption of risk for your student's participation in such experiences.

## GENERAL PERMISSION

I give my son/daughter \_\_\_\_\_ permission to participate in the following learning experiences and activities, indicated by my initials:

- |  |           |          |
|--|-----------|----------|
| 1. Fieldwork (off-campus):                         | _____ Yes | _____ No |
| 2. Athletics, Intramurals, Clubs (off-campus)      | _____ Yes | _____ No |
| 3. Intensives, Minor Trips (off-campus, overnight) | _____ Yes | _____ No |

## MEDICAL PERMISSIONS

Students may not have over-the-counter medications and prescribed medications in their possession at school or off-campus on a school activity. All medications are to be held by and distributed by the teacher or administrator on duty. If your child requires prescribed medication, have your doctor fill out **MEDICAL FORM 3** and sign it. This form needs to be filled out each year, but only once for the year unless something changes. If your student requires the use of an inhaler please be sure they have it with them when they go off-campus.

\_\_\_\_\_ Yes, my child will be taking medication during off-campus activities and I agree to these terms:

- Medication will be held and administered by a responsible staff member.
- I will be responsible for providing the medication in the original prescription bottle with a proper label including: student's name, times given, name of medication and dosage.
- I will provide the required **MEDICAL FORM 3** signed by the prescribing doctor

\_\_\_\_\_ No, my child will not be taking medication during off-campus activities.

\_\_\_\_\_ Yes, I give my permission for the School Nurse to communicate with healthcare providers regarding pertinent medical information. \_\_\_\_\_ No, I do not give permission.

**Signature of Parent/Guardian:** \_\_\_\_\_

## SPORTS PLAYER'S CONTRACT

- Practices are a requirement for playing sports at Four Rivers. If a player needs to miss a practice for a legitimate reason, they need to have a note from their parent.
- Injury is not a reason to miss practice without the permission of the coach.
- If you have to miss a practice or especially a game, it is the player's responsibility to inform the coach as soon as possible so that we can plan.
- All school rules must be followed.
- Students must be in good academic standing.
- All players should come prepared for every practice and game by having a bag with: full water bottle, a snack, cleats, shin guards, uniform, shorts, and light and dark practice jerseys.
- Players may lose playing time for not living up to these responsibilities -- at the coach's discretion.
- Please note: mouthguards are no longer a required item. If you would like your child to wear a mouth guard you will need to provide one and sign below.

**TURN FORM OVER - MORE SIGNATURES NEEDED**

We agree to the above rules in order to participate in Four Rivers sports.

**Signature of Parent/Guardian:** \_\_\_\_\_

**RELEASE OF LIABILITY**

With our signatures below, we (parent/guardian and "minor") agree to the following regarding all activities this year related to field work, athletics, intensives, intramurals, clubs and minor trips:

1. I understand that dangers exist with respect to these activities due to many factors, including without limitation my own and that of the Minor's actions or inactions, the actions or inactions of others participating in or viewing these activities, and the weather, facility, or other prevalent conditions. I also understand the nature of these activities, and acknowledge my or my Minor's experience and capabilities, and represent and warrant that I or the Minor is qualified and physically able to fully participate in these activities. If, at any time, I believe that conditions surrounding these activities, including the actions of others, are unsafe to me, I will immediately discontinue further participation in these activities.
2. I fully understand that : (a) each occurrence of these activities involves physical and other risks and dangers, including without limitation those of serious bodily injury, including permanent disability, blindness, paralysis and death ("Risks"); (b) these Risks may result from a number of factors, including without limitation my or the Minor's actions or inactions, the actions or inactions of others participating in or viewing these activities, the weather, field, or facility.

**Acceptance of Responsibility**

Four Rivers Charter Public School cannot guarantee absolute safety of these activities. Consequently, I recognize and accept responsibility for my safety and the safety of other group members. I will ask questions if I do not understand instructions or rules. I will also obey all rules and guidelines at all times.

**Release of Liability**

In consideration of the services and/or equipment provided, I, for myself and any minor children for which I am a parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby release Four Rivers Charter Public School, its principals, directors, officers, agents, employees, and volunteers from all liability; and waive any claim against Four Rivers Charter Public School for damage arising from any cause whatsoever in any way connected with these activities.

**Authorization**

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in these activities. In the event of a medical emergency, I give the staff of Four Rivers Charter Public School permission to seek and obtain emergency treatment for my son/daughter. If first aid is necessary, I give the staff of Four Rivers Charter Public School permission to provide such treatment. Please confirm with your signature that you have read the above information and agree to accept your responsibility as a participant and are aware of the risks involved in these activities.

**Print Student's Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_