

**Liability Release Form  
FOR FIELD TRIPS**

**Part 1. Student Acknowledgement and Release**

I voluntarily accept any and all responsibility for my own safety and welfare while participating in Sigsbee Charter School Activities for the 2010 – 2011 school year, with full understanding of the risks involved. I hereby release and hold harmless The School Board of Monroe County, Florida, the Monroe County School District, the Sigsbee Charter School and the Sigsbee Charter School Board of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against any of these organizations as a whole or the individuals associated with them because of any accident or mishap involving my participation. I hereby authorize disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I have read this document carefully and know it contains a release. I also acknowledge my right to revoke this release only by submitting a written revocation. By such revocation I acknowledge I will no longer be permitted to engage in the activities referenced herein.

**Part 2. Parental/Guardian Consent, Acknowledgement and Release**

I, on behalf of my child participant or ward participant, do hereby release and forever discharge and agree to hold harmless; The School Board of Monroe County, Florida, the Monroe County School District, the Sigsbee Charter School and the Sigsbee Charter School Board, while my child or ward is participating in the above, and the directors and board members thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child/ward participant that occur while said is participating in the above described activities. Including but not limited to, any negligence of the School Board of Monroe County, the Monroe County School District, the Sigsbee Charter School and the Sigsbee Charter School Board.

Furthermore, I (on behalf of myself, my child/ward participant) hereby acknowledge and expressly assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said organization(s), its directors, employees and agents, for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Additionally, I/we know of and acknowledge that my child/ward knows of, the risks involved in the above activities 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 said activities. With full understanding of the risks involved I/we release and hold harmless The School Board of Monroe County, Florida, the Monroe County School District, the Sigsbee Charter School, and the Sigsbee Charter School Board of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against the organizations because of any accident or mishap involving said participation as listed above, of my child/ward. I authorized emergency medical

treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of The School Board of Monroe County, Florida, the Monroe County School District, the Sigsbee Charter School and the Sigsbee Charter School Board. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

I/we also acknowledge the right to revoke this release only by submitting a written revocation. By such revocation I/we acknowledge my child/ward will no longer be permitted to engage in the activities referenced herein.

**I (we) are the parent(s) or legal guardian of this participant** and hereby grant our (my) permission for her to participate fully in said activity and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

**Print name of participant** \_\_\_\_\_

\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_ Mother \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_ Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_ Chaperone \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**Participant Only**

I, \_\_\_\_\_ (Name of Student) have read the above and understand the rules of conduct and will fully abide by them, as well as all additional instructions of the leadership of this trip and activity directors. I have read this carefully and acknowledge it contains a release, and agree to be bound by this document and its representations.

**X** \_\_\_\_\_

**Student Signature**

