
NORTH FLORIDA CHRISTIAN SCHOOL
Permission for Participation in School Activity
And Release and Indemnity Agreement

Student Name: _____ Activity: __All Athletics__

As the parent and legal representative of the above named student, I give my consent and permission for my child to participate in the school activity(s) listed above. I understand that participating is a privilege and not a right and may be revoked at any time by the school administration.

I understand that North Florida Christian School may or may not be responsible for transporting my child. If the school does provide transportation, I hereby give my permission for my child to participate in the school-provided transportation. In the event that transportation is not available, I will assume responsibility for my child's transportation to the events.

I understand and hereby agree to assume all of the risks, which may be encountered with my child's participating in the above named activities, including activities preliminary and subsequent thereto, including transportation to and from events. I do hereby agree to hold North Florida Baptist Church/North Florida Christian School and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release, waiver, and indemnity agreement, know the contents thereof, and I sign this document as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Guardian

Date

Parent or Guardian

Date

MEDICAL CONDITIONS TO BE AWARE OF: _____

TELEPHONE NUMBERS WHERE I MAY BE REACHED: _____
