



# Loudoun County Public Schools

21000 Education Court

Ashburn, Virginia 20148

(571) 252-1000

## EMERGENCY INFORMATION AND ACKNOWLEDGEMENT OF RISKS

**Instructions:** Each Adult Participant shall complete this form and return it to the Activity/Event Organizer to be used for documentation and emergency information purposes.

**School Name:** Stone Bridge High School

**Date(s) & Time(s) of Event:** November 9, 2013 at 9:00 am

**Activity/Event Organizer Name & Title:** Mr. Joe Gabalski, Assistant Principal

**Name & Purpose of the Activity/Event:**  
Loudoun County Run 4 the Homeless. Fundraising event support the homeless & Disadvantaged in the community.

**Activity/Event Transportation:**  School will be responsible for transportation to and from the activity/event. (Check box & explain as applicable)  Other: (Explain) Transportation is not required.

### Risks Related (check all that apply to the Activity/Event):

Amusement or Theme Park Activities  Swimming/Boating/Canoeing/Water Activities  
 Athletic or Sporting Event Participation  Entertainment/Concert Event Participation/Attendance

Other (Specify Activity):

### Adult Participant Information (please print):

**Adult Participant Name:**

**Student Name:**

**Home Address (No PO Boxes):**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**Business Phone:**

1. **In case of Emergency call: Name & Phone Numbers**

2. **In case of Emergency call: Name & Phone Numbers**

**Please list any medications you are allergic to or any special physical problems you want the Activity/Event Organizer to be aware of in case of Emergency:**

**Do you have primary Health/Medical/Accident Insurance coverage?**  YES  NO **Company:** \_\_\_\_\_

### Activity/Event Authorization and Acknowledgement of Risks

I understand that my participation in the above Activity/Event is **voluntary**, that it is not required, and that there will be exposure to **activities involving risks of serious injuries**. I have read and understand the description of the Activity/Event and I agree to participate and follow the event organizer's directions.

I understand that LCPS **will not** be responsible for any personal property that may become lost or damaged during this Activity/Event and that LCPS **does not** provide medical or accident insurance for injuries involved with this Activity/Event. I authorize and give permission for myself to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my health and well-being in case of accident, injury, or serious illness during the Activity/Event. I understand that **I will be responsible on a primary basis for any related medical expenses incurred.**

I understand that all school rules and regulations apply during this Activity/Event, and further understand that I may be responsible for transportation to and from the Activity/Event at the above noted time.

**Participant's Signature:**

**Date:**