

Loudoun County Public Schools

21000 Education Court

Ashburn, Virginia 20148

(571) 252-1000



PERMISSION, AUTHORIZATION, AND ACKNOWLEDGEMENT OF RISKS

Instructions: Each 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: Parents of Participant will be responsible for transportation to and from event. (Check box & explain as applicable) Other: (Explain) _____

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

Amusements-Parks, Inflatable/Mechanical Rides

Swimming/Boating/Water Activities

Physical Activity or Sporting Event Participation

Entertainment/Concert Event Participation/Attendance

Other (Specify Activity or further explain above risk):

Student Participant Information:

Student Participant's Name:

Parent/Guardian Names:

Home Address (No PO Boxes):

Home Phone:

Other Phone #s:

E-mail:

Emergency Phone Numbers:

Emergency Contact Names & Relationship:

Student Agreement: While participating in this Activity/Event, I will act responsibly, follow directions, maintain good conduct and appearance, safeguard personal property, and understand that school rules will apply at all times.

Student Signature: _____ **Date:** _____

Activity/Event Parental Permission, Authorization, and Acknowledgement of Risks

I understand that my child's 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 give permission for my child's participation.

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 student injuries involved with this Activity/Event. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's 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 bills incurred.**

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

Parent/Guardian Signature:

Date: