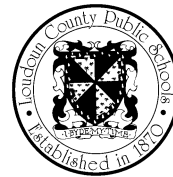


# Loudoun County Public Schools

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.

<b>School Name:</b>	Stone Bridge High School
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<b>Date(s) &amp; Time(s) of Event:</b>	November 5, 2016 at 9:00 am
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<b>Activity/Event Organizer Name &amp; Title:</b>	Ms. Monika Guerrero, Teacher
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**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):

<input type="checkbox"/> Amusement or Theme Park Activities	<input type="checkbox"/> Swimming/Boating/Canoeing/Water Activities
<input checked="" type="checkbox"/> Athletic or Sporting Event Participation	<input type="checkbox"/> Entertainment/Concert Event Participation/Attendance

Other (Specify Activity):

### Adult Participant Information (please print):

Adult Participant Name:	Student Name:
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Home Address (No PO Boxes):

Home Phone:	Cell Phone:
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E-mail:	Business Phone:
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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:
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