



**BISHOP KENNY HIGH SCHOOL, INC.  
PARENT PERMISSION, MEDICAL RELEASE & RELEASE OF LIABILITY  
SPONSORED ACTIVITY WITHOUT TRANSPORTATION**

Name of student: \_\_\_\_\_ Name of parent or legal guardian: \_\_\_\_\_

Name of Club/Organization: \_\_\_\_\_ Student cost: \$ \_\_\_\_\_

Name of activity: \_\_\_\_\_ Dress code: \_\_\_\_\_

Location of activity: \_\_\_\_\_ Required items: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Report time: \_\_\_\_\_ Time activity ends: \_\_\_\_\_

Report to sponsor at (specific location): \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

\*\*\* No transportation is provided by the school. The student is responsible for his/her transportation to and from the activity. \*\*\*

**Form MUST be returned by \_\_\_\_\_ or student will not be allowed to participate in this activity.**

The above student is eligible to participate in the described school-sponsored activity. Please note that ONLY THE ACTIVITY is sponsored by the school. Transportation to and from the activity is the student's/parent's responsibility and is not sponsored by or included in the scope of responsibility of the school. This activity will take place under the guidance and supervision of employees from Bishop Kenny High School, Inc. If you request that your child participate in this activity, please read, complete, sign and return this form which includes your consent, a medical release, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

The undersigned parent, guardian or legal representative hereby consents to the participation of their child (named above) in the activity described and further consents to the conditions stated above on participating in this activity. It is understood that this activity will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) during the activity times only.

For and in consideration of the student being allowed to participate in this activity, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless Bishop Kenny High School Inc., its employees and agents engaged in this particular activity, and their personal representatives or assigns from any loss or damage on account of any injury to the person or the personal property of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-named activity. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned parent, guardian, legal representative, request that my child (named above) be allowed to participate in the described activity and hereby give permission for participation. Additionally, I authorize emergency medical treatment for my child while my child is engaged in this activity, should the need arise for such treatment. The undersigned further acknowledges that I am authorized to enter this agreement on behalf of the student, and/or the student's parents, personal representatives, assigns, heirs, and next of kin.

\_\_\_\_\_  
Parent/Guardian/Representative Signature                      Parent/Guardian/Representative Name                      Date

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_