

HAMPDEN ACADEMY

ACTIVITY PERMISSION FORM

Place of Activity \_\_\_\_\_ Type of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Time: Begin \_\_\_\_\_ End \_\_\_\_\_

Type of Transportation \_\_\_\_\_ Person in charge/position \_\_\_\_\_

STUDENT'S CONSENT AND ACKNOWLEDGMENT

(Must be executed by students age 13 and over)

I acknowledge that I am familiar with the rules and regulations governing participation in the above activity, and I agree to follow them. I understand that a violation may result in suspension or dismissal from the activity. I know of no reason why I cannot or should not participate in this activity. I recognize that there are certain risks of injury which arise in the course of this or any other activity, and I have voluntarily chosen to participate in this activity, with full awareness of those risks. I understand that it is impossible for the district and the employees responsible for this activity to personally supervise each student in the activity at every moment. I agree to release, indemnify and hold the District, its Directors, employees or agents harmless from any claims arising from any injury resulting from this activity.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Age      Date

PARENTS' CONSENT AND ACKNOWLEDGMENT

I give my consent for \_\_\_\_\_ to participate in the above activity. I authorize the  
Name of Student

school and its employees to act in my place in all respects and with all immunities should the need arise during the course of this activity or related travel. This shall include, but not be limited to, obtaining emergency medical care.

I know of no reason why my daughter/son cannot or should not participate in this activity. I am familiar with the rules and regulations concerning this activity, and I agree that my daughter/son is to be governed by them. I understand that a violation thereof may result in suspension or dismissal from the activity.

I agree that, during the course of travel in connection with this activity, my daughter/son is not within the physical custody of the district to the same extent as while on school grounds, and that it is impossible for the district and the employees responsible for this activity to personally supervise each student in the activity at every moment. My daughter/son has voluntarily chosen to participate in this activity with full understanding that there are certain risks of injury which are part of the activity and any related travel. We agree to release, indemnify and hold the District, its Directors, employees or agents harmless from any claims arising from any injury resulting from this activity.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date