

* Ticket cost - \$110.00 CASH ONLY!

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS ACTIVITY

TITUSVILLE HIGH SCHOOL
School Name

* _____
Date

* _____
Student's Name

12
Grade/Class

Activity/Event: GRAD BASH 2012 (UNIVERSAL STUDIOS & ISLANDS OF ADVENTURE)
List activity(ies) in detail or attach an outline that details all activities occurring during the trip.

ON APRIL 28, 2012 @ 2:30 pm J. SAMANI
Teacher/Sponsor in Charge
until APRIL 29, 2012 @ 3:30 a.m.
Date(s) of Event

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking
- School Bus
- Commercial Carrier (bus)
- Privately Owned Vehicle
- Leased Vehicle
- County Vehicle
- None
- Other _____
(Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Student (other than self)
- Parent or Volunteer
- Teacher or Staff Member
- Other _____
(Describe: student will drive self, aunt, uncle, etc.)

TYPE OF ACTIVITY (Check all that apply)

- Field Trip To Celebrate Graduation!
(Describe activity)
- On Campus Activity

Parents should direct questions concerning the activity to the School Office or the following school personnel:

1. Name J. Samani Telephone: () 321 537-2800
Teacher - Sponsor in Charge (School Number) (Mobile Phone)

ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

1. I understand that participation in this activity is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in activities off school property; therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. In the event of medical emergency, I/we authorize the teacher or chaperone in charge of the Off-Campus activity to seek emergency medical treatment for my child at my expense.

Some field trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/we have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip.

- * Granted
- Denied
- Granted with the following exceptions: _____
(Describe)

* _____ * _____
Students Signature - Date Parent/Guardian Signature - Date
(Optional for Elementary School) (Required for all)

2/04
9/09

* Be at THS at 2:15 on Saturday, April 28.
* Both permission form and notarized out-of-county form must be complete to purchase Grad Bash ticket.

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Parent's Work Phone (____) _____ - _____ Other Emergency Phone (____) _____ - _____

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extracurricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trips.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.
7. Some extracurricular activities may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable and unforeseeable causes. I/We give permission for my child to participate in these activities when supervised by a sponsor(s) and I will indemnify and hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while my child is engaged in the water related activity (ies).

Student's Signature

Mother's or Guardian's Signature

Date

Father's or Guardian's Signature

(OFFICIAL SEAL)

State of Florida, County of _____ Sworn to and subscribed before me this _____ day of _____, 20 _____ by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

Typed, Printed, or Stamped Name of Notary

My Commission Expires

Notary Public Commission Number