

**Falls Church City Public Schools
Meridian High School
ACTIVITY RELEASE FORM**

Name of Student: _____

Permission slip is due by: October 23, 2024 8:30am

Activity: **Homecoming Pep Rally**

Location: *Meridian High School*

Date: October 23, 2024

Parent/Guardian Permission, Acknowledgement of Risks, and Waiver of Liability

Permission for Physical Activity: I authorize my student, _____, to attend Homecoming Pep Rally. I acknowledge that by participating in this program, my student will engage in physical activity. I recognize that this program may include activities which require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician **prior** to and regarding my student's participation in this program. I represent and warrant that my student is physically fit and that they have no medical condition which would prevent their full participation in Homecoming Pep Rally. I understand that it is my responsibility, and the responsibility of my student, to report any change in medical condition, and to cease, or modify, participation in the program as the condition warrants.

Acknowledgement & Assumption of Risks, Waiver of Liability: In consideration of my student being permitted to participate in Homecoming Pep Rally, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which they might incur as a result of participating in the program. In consideration of being permitted to participate in Homecoming Pep Rally, I agree to ASSUME ANY AND ALL RISKS involved in or arising from my student's presence and/or participation in the program being held on Falls Church City Public Schools' ("FCCPS") premises and RELEASE, INDEMNIFY, AND HOLD HARMLESS, FCCPS, it's officers, employees, volunteers, agents, and assigns against any claims, suits, or actions of any kind, whatsoever, for injury or damages that my student may sustain as a result of participating in the program.

Supervision & Safety Precautions: I understand that the necessary safety precautions will be taken for the supervision of the children. Beyond this, I will not hold FCCPS or the employees supervising Homecoming Pep Rally liable for any injury to my student.

Personal Property: I understand that FCCPS will not be responsible for any personal property that may become lost or damaged during this program.

Permission for Medical Treatment In the Event of an Emergency: I understand that FCCPS does not provide medical or accident insurance for participant injuries/illnesses involved with Homecoming Pep Rally. If there is an emergency or if I am unable to be reached, I authorize and give permission for my student to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for their health and well-being in case of accident, injury, or serious illness during the program. I understand that I will be responsible for any related medical expenses incurred. I further authorize and empower FCCPS and its representatives to consent to and authorize any medical care or treatment of my student that may appear reasonably necessary as a result of emergency, accident, or illness of my student.

Acknowledgement that Parent/Guardian Has Read Waiver: I have read this waiver and do not have any questions about the words used or their meaning.

Student's Name:	
Grade:	
Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date:	
Parent/Guardian Emergency Telephone #:	
Name of Physician:	
Physician Telephone #:	

***REMINDER:** Students are responsible for making up any missed school work while participating in this activity.