

MIDLAND CLASSICAL ACADEMY
PERMISSION FOR STUDENT PARTICIPATION AND RELEASE



Description of Event/Activity: _____

Date(s) of Event/Activity: _____

Student's Name: _____

By my signature below, I certify that I am the parent or legal guardian of the student named above (hereinafter "Student"). I understand that the Event/Activity is school sponsored and I authorize and consent to my Student's participation in the Event/Activity, including any transportation required for participation in the Event/Activity and understand that means of transportation could be any public, rental or private vehicles driven by an adult. I further acknowledge and understand that participation in the Event/Activity is voluntary, not required, and that it may expose my Student to risks of injury and/or even death.

In consideration for MCA allowing my Student to participate in the Event/Activity, I HEREBY ASSUME ALL RISKS OF SUCH PARTICIPATION AND RELEASE MCA and all its directors, officers, employees, representatives, agents and/or volunteers from any and all claims for any injury of any kind to my Student or other damages that may occur as a result of my Student's participation in the Event/Activity, INCLUDING WITHOUT LIMITATION ANY INJURIES OR OTHER DAMAGES THAT MAY BE CAUSED BY THE NEGLIGENCE OF MCA OR NEGLIGENCE OF ANY OF MCA'S DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS AND/OR VOLUNTEERS, EXCEPT for those claims and/or damages which MCA, its directors, officers, employees, representatives, agents and/or volunteers have effective insurance coverage, BUT ONLY to the extent of such insurance coverage. However, I do not release any claims against any person who intentionally or with reckless disregard causes injury to my Student.

I further acknowledge and understand that photographs, videotapes, and other recordings may be made of participants in the Event/Activity, including my Student, and I hereby consent to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Event/Activity and (ii) to promote MCA and its programs.

In the event of illness of or injury to my Student, I do hereby consent to whatever diagnostic testing and/or medical treatment are considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have read this document and understand that this document includes a partial release of claims and is intended to be legally binding. By signing below, I agree to the terms set forth herein.

Signature of Parent/Guardian: _____

Printed Name: _____

Address: _____

Phone Number: _____

Date: _____