



LUCAYA INTERNATIONAL SCHOOL

Consent and Release from Liability

This completed form must be kept on file by the school

This form is to be signed upon entry to the school, at Year 3, Year 7 and Year 10.

During the school year students at Lucaya International School participate in various extra-curricular activities, class visits, contests, excursions, field trips, sporting events, camps, interscholastic athletic and academic competitions, practices, rehearsals and other events (“the Activities”) which occur on and off the school’s campus. Parental consent is required for a student’s participation in the Activities. **Where the student is age 18 or above the student will be required to sign the consent form.**

I hereby give consent for my child/ward to participate in the Activities except for those Activities which I advise Lucaya International School of in writing. I understand that participation may at times necessitate an early dismissal from classes.

Assumption of Risks:

Participation in the Activities carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, the risks include but are not limited to 1.) minor injuries such as scratches, bruises and sprains 2.) major injuries such as eye injury or loss of sight, broken bones, joint or back injuries, heart attacks, and concussions 3.) catastrophic injuries including paralysis or death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the Activities.

Waiver:

In consideration of my child/ward being permitted to participate in the Activities with full understanding of the risks involved, I, for myself, my heirs, personal representatives, or assigns do hereby release, waive, and discharge Lucaya International School Limited, its officers, directors, employees, and agents of any and all responsibility and liability for any injury or claim resulting from participation in the Activities and agree to take no legal action against Lucaya International School Limited because of any accident or injury resulting from my child’s/ward’s involvement in the Activities.

I authorize emergency medical treatment for my child should the need arise for such treatment while my child/ward is under the supervision of Lucaya International School Limited.

Parent/Guardian Initials: _____

