

Please sign and return to school office no later than one week before the field trip occurs.

Christian Victory Academy Consent and Release Form

I, the undersigned parent or guardian, do hereby give consent for my child _____, to participate in the _____ field trip on date: _____.
My child will be under the supervision of: _____.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize the adult supervising my child to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Christian Victory Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, non-withstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Printed Name of Parent or Guardian Parent or Guardian Signature Date

Printed Name of Supervising Parent Supervising Parent Signature Date

Medical Conditions to be aware of: _____

Emergency Contact number(s) _____