BISHOP KENNY HIGH SCHOOL, INC.
PARENT PERMISSION, MEDICAL RELEASE & RELEASE OF LIABILITY
SPONSORED ACTIVITY WITH TRANSPORTATION

Name of student: _____ Name of parent or legal guardian: _____

Name of Club/Organization: NJROTC Student cost: $ 140.00

Name of activity: NJROTC Orientation Trip Dress code: Polo Shirt; Slacks / Shorts; NJROTC T-Shirt

Destination: Tampa, Florida Required items: Overnight essentials

Departure date: April 26, 2013 Departure time: 8:00 am Return date: April 28, 2013 Return time: 6:00 pm

Method of transportation*: Charter Bus Teacher's Name: LtCol Seckinger/MCPO Harris

Form MUST be returned by April 15, 2013 **or student will not be allowed to participate in this activity.**

The above student is eligible to participate in above school-sponsored activity requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from Bishop Kenny High School, Inc. If you request that your child participate in this event, please read, complete, sign and return this form which includes your consent, a medical release, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

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The undersigned parent, guardian or legal representative hereby consents to the participation of their child (named above) in the activity described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of (a) designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this activity, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless Bishop Kenny High School, Inc., its employees and agents engaged in this particular activity, and their personal representatives or assigns from any loss or damage on account of any injury to the person or the personal property of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-named activity or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

I, the undersigned parent, guardian, legal representative, request that my child (named above) be allowed to participate in the described activity. *If transportation is by car, I request that my child be allowed to ride in a car driven by an approved driver. I hereby give permission for participation and transportation as described above. Additionally, I authorize emergency medical treatment for my child while my child is engaged in this activity, should the need arise for such treatment. I further acknowledge that I am authorized to enter this agreement on behalf of the student, and/or the student's parents, personal representatives, assigns, heirs, and next of kin.

_____ _____ _____
Parent/Guardian/Representative Signature Parent/Guardian/Representative Name Date

Home Phone: _____ Work Phone: _____ Cell Phone: _____