

ON/OFF-CAMPUS SCHOOL ACTIVITY

TO: Parent/Guardian

FROM: School Principal

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A. **Student activities in-county/off-campus:** Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.
- B. **Student activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C. **Student Activities requiring multiple off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).

PARENT/GUARDIAN COMPLETE FOR A, B, AND/OR C.

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Fort Walton Beach High School. A Brief description of the activity follows:

Name of the event: FWBHS Band Events 2015-16 Destination: Multiple destinations specified by the 2015-16 Band Calendar.

Designated Supervisor of Activity: Mr. Randy Folsom and or Mr. Derek Fields

Date and Time of Departure: School Year 2015-16 Date and Anticipated time of return: School Year 2015-16

(itineraries will be provided for individual trips)

Student Cost: Varies by trip. Notice will be provided Method of transportation: School Buses or Charter buses

If you would like your child to participate in this school activity, please complete, sign and return the following statement of consent by ASAP. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal action taken by the named student.

Turn Completed Forms into one of the Band Directors

NOTARY REQUIRED FOR "B" And/Or "C"

**STATE OF FLORIDA
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this _____ by _____
Date Name of Person Acknowledged

who is personally known to me or has produced _____
Type of Identification

as identification and who did/did not take an oath.

Signature of person Taking Acknowledgment Name of Acknowledger Typed, Printed or Stamped

The information below is not necessary for this document.
There may be forms that we send out separately for some
Individual activities as they occur
Most of the activities that this document covers does not require the student to miss classes

TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS

Students Name: _____ Date _____
Last/First/Middle

I request to be released from the following classes to go to _____

TO BE COMPLETED BY THE TEACHERS

GOOD STANDING

YES	NO	PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	1. _____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____
<input type="checkbox"/>	<input type="checkbox"/>	4. _____
<input type="checkbox"/>	<input type="checkbox"/>	5. _____
<input type="checkbox"/>	<input type="checkbox"/>	6. _____
<input type="checkbox"/>	<input type="checkbox"/>	7. _____

Absence Approved

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

To be submitted to the sponsor in charge of this off-campus activity.