Activity Permission Slip

As parent or legal guardian of _____,
(student name as registered with OCPS)

I hereby give my permission for my child/ward to participate in the following activity/activities (hereinafter "this activity"):_____,
(place, detailed type of activity, and purpose)

scheduled for _____ _____,
(month, date, year and duration)

and understand that his/her participation is voluntary.

The venue for this field trip requires face coverings for entry. By signing this form, you acknowledge that your child will be required to wear a face covering while at the venue of the field trip. If you do not sign and acknowledge this form agreeing for your child to wear a face covering while at the venue, you child will not be allowed to go on the field trip. Students with an approved medical mask exemption would not be required to wear a face covering and should not be excluded from field trips.

I acknowledge and understand that there is some risk involved in my child/ward participating in this activity. In consideration, I, the undersigned, on my own behalf and on behalf of my child/ward, forever release Orange County Public Schools, the School Board of Orange County, Florida, and any and all employees, agents, and volunteers from any liability for medical expenses, disability, death, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from this activity.

I acknowledge that I have been informed that this activity may have rides that may have health warnings on them, such as roller coasters and other fast motion rides, and/or may involve water. I confirm that my child's/ward's records on file with OCPS are current with regard to any medical condition(s), physical condition(s), vaccinations, and limitations, and affirm that he/she has no condition that would preclude him/her from participation in this activity.

I understand that the School Board of Orange County, Florida and Orange County Public Schools are self-insured and do not carry insurance coverage for student accidents and injuries, including death. I further agree that any insurance I may carry on myself and my child/ward shall be primary and/or I will make arrangements, prior to this activity, to purchase student accident insurance to ensure insurance is available for my child/ward for the duration of this activity.

I acknowledge and authorize that my child/ward will be transported to, from, and during the above-mentioned activity. I understand that OCPS may or may not be providing transportation using OCPS vehicles. In accordance with OCPS Policy EEAG, each child's/ward's parent or guardian shall give prior written consent (Authorization and Request for Transportation of Student in Privately Owned Vehicle and Release of Liability Form) to the transportation of a child/ward in a privately-owned vehicle. I further release the School Board of Orange County, Florida and Orange County Public Schools from any claim arising out of the transportation of my child/ward by me, my child/ward, other student, or third party.

This indemnification shall not apply to any claims, damages, losses, and expenses arising from The School Board of Orange County, Florida's sole gross negligence or intentional misconduct.

_____ / /
Parent Signature Date

_____ _____
Parent Name (printed) School Name

School Use: filed on / / Retention: 3 years Form: RM_PS 09.2021 revision
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