

PINELLAS COUNTY SCHOOLS
VOLUNTARY PARTICIPANT RELEASE FORM

Please Print

Name of Event: _____ Date(s) of Event: _____

Activities: _____

Participant(s): _____

Participant(s): _____

Home Address: _____

Home phone: _____ Cell phone: _____

Emergency Contact Name: _____ Phone: _____

Affiliated School Site: _____

In consideration for the above named participant(s) being allowed to participate in this event:

- I hereby authorize the School Board to obtain medical treatment if an injury occurs while participating in this event.
- I hereby agree to waive, release and discharge the School Board of Pinellas County, its officers, employees and agents from any and all liability for the injury or illness of the above named participant (s), including death, and for any loss to personal property or for claims of any nature which may result from participating in this event.
- I agree to indemnify and hold harmless the School Board of Pinellas County, its officers, employees and agents from claims of any nature including all costs, expenses and fees arising out of or as a result of the participant's actions during this event.

I acknowledge that I have read, understand and agree to the above statements.

Signature of Student (needed if over age 14)	Printed Name	Date
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Signature of Student (needed if over age 14)	Printed Name	Date
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Signature of Parent or Guardian	Printed Name	Date
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