

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN DISTRICT AND NON-DISTRICT SPONSORED CLUBS, EVENTS, AND
ACTIVITIES**

Refer to school board policies 2430 and 5730 for District and Non-District Sponsored Criteria

Space Coast Jr/Sr High
School Name

4/11/2024
Date
10th - 12th
Grade

Student Name

Activity/Event: Future Fest 2024
List activity/event

ON April 11, 2024
Date(s) and time of Event

Kayli Shear
Adult Supervisor

LOCATION OF EVENT/ACTIVITY Space Coast Jr/Sr High School Gymnasium

NATURE OF EVENT/ACTIVITY College, Career, and Military Fair

Staff/Guests who will be present during event/activity Counselors, Teachers, Administration

Parents should direct questions concerning the activity to the school office

Name Kayli Shear
Adult Supervisor

Telephone: 321 638 0750 () - _____
(School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified. *N/A → during school hours.*
3. The parent or guardian and student understand that the school district, its officers, agents, or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation. *N/A during school hours*
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student. *N/A during school hours*
5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity/Event..

Granted Denied Granted with the following exceptions: _____
(Describe)

Student Signature – Date
(Optional for Elementary School)

Parent/Guardian Signature – Date
(Required for all)