

**Circle Grade Level:**    9    10    11    12

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT**  
**FOR STUDENT PARTICIPATION IN SPECIAL EVENT/ACTIVITY ON OR OFF SCHOOL CAMPUS**

**Instructions:** Complete and return this form to the school. It must be returned to the school before the student will be allowed to participate in this event/activity.

I/we, \_\_\_\_\_ give my/our permission for  
Parent/Guardian Name (Print)

my/our child, \_\_\_\_\_ to participate in the  
Student Name (Print)

\_\_\_\_\_ (Name of event or activity)

on \_\_\_\_\_ (Date/Beginning date of event/activity) at the

\_\_\_\_\_ (Location of event or activity).

I/we fully understand that participation in this program poses a risk of injury including, but not limited to, sprains, strains, contusions, abrasions, broken bones, lacerations, and in extreme cases, paralysis or death.

In consideration of The School Board of Sarasota County, Florida, permitting my/our child to engage in the above stated event or activity, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, its employees and agents from liability for all claims including but not limited to claims caused by the negligence of The School Board of Sarasota County, Florida or its employees and agents, judgments, costs or other expenses, including attorney fees, arising out of bodily injury or property damage resulting in any way from participation in this event or activity.

This release is freely and voluntarily executed by the undersigned after having carefully read it. I/we, in executing this release, have not relied on any inducements, promises, or representations by The School Board of Sarasota County, Florida or its agents not contained herein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date