

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

**RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS FOR NEWLY GRADUATED STUDENTS**

**Instructions:** This form is for High School Seniors (student) who will have graduated from a Sarasota County school and will attend a school sponsored trip the summer after graduation. This form must be signed by the student and his/her parent or guardian, notarized returned to the student's school. If you have questions pertaining to this form, contact the student's school.

Student Name (Print) \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Group Number \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County (SCSB), the FHSAA, and the school.

The SCSB, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason, it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I/We, will not hold the School Board of Sarasota County or anyone acting in its behalf, or the FHSAA responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the Sarasota County School Board, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student during such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. **This statement remains in effect until the beginning of the next school year unless cancelled by me in writing to the school.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of Sarasota

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
(Name of Person Making Statement)

The foregoing instrument was acknowledged by \_\_\_\_\_ who is personally known to me, or \_\_\_\_\_ produced Identification/Type of Identification \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Name of Notary Public: Print, Stamp, or Type as Commissioned \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission Number \_\_\_\_\_