

Robert F. Munroe Day School Permission Form

READ CAREFULLY BEFORE SIGNING

In consideration for my child's participation in the MUNROE EDUCATION, NORMAL SCHOOL ACTIVITIES, ATHLETIC, AND EXTRACURRICULAR ACTIVITIES ("Program"), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Program, the school Munroe, the Board of Trustees, and their respective employees, outside contractors, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

Program Activities may include, but are not limited to the following:

- AFTER-SCHOOL OR SCHOOL DAY ACADEMIC ENRICHMENT
- EDUCATIONAL AND CLASSROOM EXPERIENCES
- AFTER-SCHOOL ATHLETIC ENRICHMENT
- TRANSPORTATION TO OFF-SITE PROGRAM ACTIVITIES (INCLUDING SPORTING EVENTS)
- OUT OF TOWN FIELD TRIPS
- OFF-SITE ELECTIVE CLASSES
- OUTDOOR/FIELD ACTIVITIES INCLUSIVE BUT NOT LIMITED TO RUNNING, JUMPING, STRETCHING AND LONG DISTANCE WALKING
- OVERNIGHT STAYS
- INTERACTIVE CLASSROOM INSTRUCTION
- VISITS TO SITES OFF CAMPUS

IDENTIFICATION AND ACKNOWLEDGMENT OF RISK

Any disease may be contagious and it may be impossible to avoid exposure to any number of potentially harmful infections. By attending Robert F Munroe Day School, you agree to abide by the procedures established by the school to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by any disease either at the school, school activities, transportation, at athletic events, or in the nursery at school. You agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the school and any other parties.

I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, injuries associated with WALKING, RUNNING, ATHLETIC ACTIVITIES, TRANSPORTATION, INSTRUCTION, and other injuries that may not be foreseeable and I hereby elect to voluntarily participate in the Program and engage in such activity knowing that the activity may be hazardous to my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

ACKNOWLEDGMENT OF GOOD PHYSICAL CONDITION

I further acknowledge that my child is in good physical condition and I do not know of any medical or physical condition or other reason that my child should not participate in the Program or which could interfere with my child's safety in such Program, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition. My child's participation in any Program activity is purely voluntary, and I elect to have my child participate in spite of the risks and known or unknown dangers associated with Program activities.

CONSENT TO PHOTOGRAPHY

I further hereby authorize Munroe to photograph and/or video record my child during the Program, and use or distribute any picture or video related to Program activities that my child is depicted in. I also authorize use of these materials for publication in a brochure, on the school's websites, or other Munroe promotional material. They may also be distributed to other Program participants, including but not limited to a Program group picture of all participants.

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RELEASE AND WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE PROGRAM AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS THE RELEASEES. I AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my child's participation in the Program WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Participant Release, Consent and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Participant Release, Consent and Waiver of Liability shall be construed in accordance with the laws of the State of Florida.

IN SIGNING THIS PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Release, Consent and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

CONSENT TO MEDICAL TREATMENT

During the Program, I hereby give permission for the Program staff to administer appropriate medical attention to my child in the event of any accident, illness, or injury, including non-prescription medications or any medications my child brings to camp in original containers with dosage instructions that is provided to Program staff. In the event of an emergency, 911 will be called and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my child's insurance.

Printed Student Name: _____

Student Current Grade: _____

Printed Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Pick-up Parent Cell Phone _____

Pick-up Parent Email _____

Date: _____

Emergency Contact Cell Phone Number: _____

Emergency Contact Email: _____

Any Known Allergies: _____