



Spokane Public Schools

Safety and Risk Management
200 North Bernard Street
Spokane, WA 99201-0282

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www.spokaneschools.org

Parent/Guardian Extracurricular Activity Permission Form

Name of **Student** (Please Print) _____

Name of **Parent/Guardian** (Please Print) _____

Grade _____ Teacher/Advisor _____

I, the undersigned parent/guardian of the above-named student, give my permission for my student to participate in the activities described as follows:

Dates of Activity: Every Wednesday Jan. - 7th - Feb. 25th

Description of Activity: Chess Club

Transportation: My student will

☐ Ride the activity bus home (if available).

☐ Walk home.

☐ Be picked up by the following parent or family member

o Name _____ Phone Number _____

Snacks: Some clubs and activities may provide snacks.

☐ My child may have a school provided snack and has no known food allergies.

☐ Please do not give my child a snack. *Please check all that apply.*

o I will provide my child with a snack.

o My child has food allergies and a health plan.

o Other _____

Medical Information and Release:

The following special health problems concerning my student should be noted – if none, please check “none”:

_____ Heart Condition _____ Allergy (please specify whether food, bee sting, etc.)

_____ Asthma _____ Diabetes

_____ Other life-threatening condition _____ None

Describe condition noted above with particularity, including any medications or other instructions:

I approve of my child's participation and will assume all financial responsibilities not covered by my child's insurance for injuries received by participating.

In the event of a medical emergency, I hereby authorize the coach/supervisor attending to my child during the activity to secure medical attention or hospitalization for my child.

Contact Information

My phone numbers are: _____ cell _____ work

Alternative Emergency Contact: _____

Relationship: _____ Phone: _____

I have read the foregoing information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date

Event: _____ Location: _____ Date: _____

In consideration for providing my child, _____, the opportunity to participate in a sport or activity and any related transportation to and from the sport or activity events, both my child and I voluntarily agree to waive and discharge any and all claims against Spokane Public Schools and release it from liability for any exposure, illness, or injury from participating in all related event activities, including claims for any negligent actions of Spokane Public Schools or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless Spokane Public Schools, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from which may result from or in connection with my child's participation in a sport or activity.

I further certify and represent that I have legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the sport or activity the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release SPOKANE PUBLIC SCHOOLS from

Student name

Date

Parent/guardian signature

Date