

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

S	phone: (509) 354-7775
	www.spokaneschools.org

Parent/Guardian Extracurricular Activity Permission Form

Name of Student (<i>Please Print</i>) Name of Parent/Guardian (<i>Please Print</i>)					
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. 7+h - 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					
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o Name Phone Number					
o Name Phone Number Snacks: Some clubs and activities may provide snacks.					
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and discharge any and all claims against Spokane Public Schools and release it from liability for any exposure, illness, or injury from carticipating in all related event activities, including claims for any negligent actions of Spokane Public Schoolsorits employeesor gents, to the fullest extentallowed bylaw, for myself, mychild, our estates, our heirs, our administrators, our executors, our executors, our executors, our executors, our executors, as also agree to release, exonerate, discharge and hold harmless Spokane Public Schools, its Board of Directors, the individual numbers thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or own which may result from or in connection with my child's participation in a sport or activity. The certify and represent that I have legal authority to waive, discharge, release, and hold harmless the released parties on shalf of myself and the above-named student. The certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to religipate in the sport or activity the above-named student and I freely and voluntarily assume all risks of such hazards and twithstanding such, release SPOKANE PUBLIC SCHOOLS from Date Date Date Poster Cent/guardian signature	———Other life-threatening co		
In the event of a medical emergency, I hereby authorize the coach/supervisor attending to my child due the activity to secure medical attention or hospitalization for my child. Contact Information My phone numbers are:	Describe condition noted above	e with particularity, includi	ing any medications or other instruction
In the event of a medical emergency, I hereby authorize the coach/supervisor attending to my child du the activity to secure medical attention or hospitalization for my child. Contact Information My phone numbers are: cell work Atternative Emergency Contact:	I approve of my child's participation child's insurance for injuries received	on and will assume all finan	cial responsibilities not covered by my
My phone numbers are:	In the event of a medical emergen	icy. I hereby authorize the ea	pach/supervisor attending to my child duri
Alternative Emergency Contact: Relationship:	Contact Information		rry Critta.
Alternative Emergency Contact: Relationship: Phone: Phone: Date Parent/Guardian Signature Date: Location: Date: Location: Date: Locativity and any related transportation to and from the sport or activity events, both my child and I voluntarily agree to waive articipating in all related event activities, including claims for any negligent actions of Spokane Public Schools and release it from liability for any exposure, illness, or injury from gents, to the fullest extent allowed bylaw, for myself, mychild, our estates, our administrators, our executors, our sissignees, and our successors. Also agree to release, exonerate, discharge and hold harmless Spokane Public Schools, its Board of Directors, the individual embers thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or my which may result from or in connection with my child's participation in a sport or activity. Author certify and represent that I have legal authority to waive, discharge, release, and hold harmless the released parties on half of myself and the above-named student. Partify that i have read this document in its entirety and fully understand its contents. in exchange for the opportunity to tricipate in the sport or activity the above-named student and I freely and voluntarily assume all risks of such hazards and twithstanding such, release SPOKANE PUBLIC SCHOOLS from Date Date	My phone numbers are:	cell	
Relationship:			work
Parent/Guardian Signature Location:		Phone:	
Parent/Guardian Signature Location:			
Event: Location:	have read the foregoing informati	on, verifying its accuracy, an	nd agree to the statements made above:
Location:	Parent/Guardian Signature		Date
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