

The School Board of Pinellas County, Florida
Largo, Florida
NONCURRICULAR PERMISSION & RELEASE OF LIABILITY FORM
Palm Harbor University High School
1900 Omaha Street
Palm Harbor, FL 34683 (727) 669-1131

FORM #1 of 4

I, We, hereby grant permission for (Student Name) _____
to participate in **Senior Breakfast** at **Innisbrook Resort** on **May 27, 2011** and to make incidental stops enroute and
return, when determined to be necessary. In consideration of the benefits and opportunities afforded my child by his
participation in the field trip, I state as follows:

I authorize the school representative to obtain medical treatment for my child in the event of injury or illness and
agree to pay any expense incurred for treatment.

I understand that under present Florida law, if my child is riding in a private passenger automobile which is involved
in an accident, he/she may be primarily covered for bodily injury under my family automobile policy and I agree to
submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a
deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount
when I purchased the policy. The School Board will not be responsible for my deductible on primary coverage.

If my child is being transported in commercial carrier or other leased or rented vehicles and an injury occurs, I shall
look to the commercial carrier or owner of the other leased or rented vehicle to pay any medical bills incurred as a
result of such injury and shall release the School Board from liability.

If my child is otherwise injured during the trip, I agree and understand that liability arising out of the above trip is
assumed hereby and shall be the sole and exclusive risk of the undersigned.

NOTE: The undersigned and the student agree to assume all risk of injury that may occur during the above
described trip.

Tickets are non-refundable.

Furthermore, I understand that my son/daughter is responsible for following all rules outlined in the Pinellas County
Code of Student Conduct and is subject to disciplinary action for any misconduct.

Signature of Parent or Guardian

Date

Phone Number

Emergency Phone Contact

I understand that I am responsible for following all rules outlined in the Pinellas County Code of Student Conduct
and am subject to disciplinary action for any misconduct.

In addition, if I choose to leave before the end of the event and any accident, injury or other such event occurs, I
shall assume all responsibility for the consequences and release the School Board from liability.

Student Signature

Date