



*Each Child, Every Day*

## **FULL AND COMPLETE WAIVER AND RELEASE OF LIABILITY**

In consideration of my minor child's participation in \_\_\_\_\_, I hereby release St. Lucie Public Schools, its officers, directors, employees, agents, and assigns (collectively, the "Sponsor"), from any and all liability, including the Sponsor's own negligence, for damage to or loss of personal property, sickness or injury from whatever source including COVID-19 and/or its variants or any other communicable disease, legal entanglements, or death, which might occur while participating in \_\_\_\_\_.

Parental permission is required for a minor child's participation in this activity. Please read this form in its entirety before signing. In accordance with Section 744.301, Florida Statutes, the sponsor notifies as you follows:

### **NOTICE TO PARENTS/GUARDIANS OF MINOR CHILD PARTICIPANTS:**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE PUBLIC SCHOOLS, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ST. LUCIE PUBLIC SCHOOLS IN A**



LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ST. LUCIE PUBLIC SCHOOLS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I understand the nature of the \_\_\_\_\_ activities and represent that my minor child is qualified to participate, in good health, and proper physical condition to participate. I am aware of the risks of participation, which include, but are not limited to, the actions of and exposure to any other participants and spectators and the chance of serious bodily injury, illness, including permanent disability, paralysis, and death from engaging in \_\_\_\_\_ activities. I understand that participation in \_\_\_\_\_ activities is strictly voluntary, and I freely choose for my minor child to participate.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian