

**THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE THREE (3) BUSINESS DAYS BEFORE THE EVENT**

**PLEASE PRINT OR TYPE**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event: \_\_\_\_\_

Date and Location of Event:

\_\_\_\_\_

The undersigned, Parent or Guardian of, \_\_\_\_\_ (Student) who is under the age of 18 years, hereby acknowledges that there are certain risks in participating in the above **voluntary** event and/or activity. In consideration of Charleston County School District ("CCSD") allowing the student to participate in the above event and/or activity, I hereby assume all risks associated with the event and/or activity. I assume full and complete responsibility for any injury or accident which may occur to the student in connection with the event and/or activity. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature that I or the student may have against CCSD, its Board of Trustees, employees, agents and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I understand that the event/activity is voluntary and the student may choose not to participate.

I also agree that during the time the student is involved with the above event and/or activity, the student is bound by all rules, regulations, policies, procedures and guidelines governing the student and their conduct as set forth by the CCSD's Student Code of Conduct.

Parent's/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_