

VOLUSIA COUNTY SCHOOLS SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER

Name of Student	Emergency Phone Numbers
Name of School	Current School Year
Date of Birth	Place of Birth
the current school year. The School-Related Activities A	o participate in one or more school-related activities during Agreement for the above school is entirely voluntary on my violated any of the eligibility rules and regulations of the FHSAA).
Student's Signature	Date
	DIAN INFORMATION undersigned parent/guardian, give permission for the
above-named student to participate in any school-r covenant not to sue the School Board of Volusia C for the purpose hereby referenced as "releases," undersigned, for any and all loss, injury, damage, expenses therefore, which the above-named stude any way connected with, the above-named stude	related activities. I hereby release, waive, discharge and County, its directors, officers, agents and employees all 'for all liability to the above-named student and/or, and any actions, claims, demands, damages, costs or ent or I may have against releases arising out of, or in ent's participation in any school-related activity. The ses related to injuries sustained as a result of the above-
Medical Insurance Company Name	Policy #
SPECIAL HEALTH CARE INFORMATION (alle	ergies, medications, treatments, etc.)
NOTARY SECTION - This form must be signed in fror understand that it is my responsibility to notify the school	
Parent/Guardian Signature	Date
The foregoing instrument was acknowledged befor personally known to me or who has produced (type as identification and who executed the foregoing in executed the same.	
Notary Public, State of Florida	Notary Commission Number

Revised: 7/2004 13 2005-024-VCS