

ADMIRAL FARRAGUT ACADEMY

501 Park Street North St. Petersburg, FL 33710
Phone: (727) 384-5500 Fax: (727) 347-5160 Web: www.farragut.org

Dear Parent/Guardian:

This is a release and waiver for the field trips Admiral Farragut Academy provides throughout the school year, (the "Field Trips") and permission for your child to ride in the vehicle of another parent or Admiral Farragut Academy staff member to and from Admiral Farragut Academy and the Field Trip destination (the "Field Trip Waiver").

_____ (student name) has my permission to participate in the Field Trips and ride to and from Admiral Farragut Academy and the Field Trip destination in the vehicle of another parent or Admiral Farragut Academy staff member. In consideration of the Admiral Farragut Academy granting my child permission to participate in the Field Trips, I _____,
(parent/guardian) give permission for my minor child, _____ (student name), to participate in the Field Trips and hereby agree to sign this Field Trip Waiver.

Accordingly, I, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge Admiral Farragut Academy, its officers, affiliates, employees or agents (collectively the "Releasees"), from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the Releasees.

I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of my child's participation in the Field Trips.

I certify and warrant that my minor child is in good health and physical condition and is able to participate on the Field Trips.

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

In signing this Field Trip Waiver, I acknowledge and represent that I have read and understand it; that I sign it voluntary and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

I expressly agree that this Field Trip Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
PURSUANT TO SECTION 744.301, FLORIDA STATUTES

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 ADMIRAL FARRAGUT ACADEMY USES 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 ADMIRAL FARRAGUT ACADEMY 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 ADMIRAL FARRAGUT ACADEMY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I hereby agree to conduct this transaction by electronic means.

In Witness Whereof, I have executed this Field Trip Waiver on _____, 20__.

Signature of Parent/Guardian

Name of Student

Date

Cell Phone Number

Home Phone Number