



**VOLUSIA COUNTY SCHOOLS  
SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER**

Use page 13 or 14.

Name of Student \_\_\_\_\_ Emergency Phone Numbers \_\_\_\_\_  
Name of School \_\_\_\_\_ Current School Year \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**For high school students only** – I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Athletics Association (FHSAA).

\_\_\_\_\_  
Student's Signature Date

**PARENT/GUARDIAN INFORMATION**

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue the School Board of Volusia County, its directors, officers, agents and employees all for the purpose hereby referenced as “releases,” for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student’s participation in any school-related activity. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student’s participation in any school-related activity follows.

Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

SPECIAL HEALTH CARE INFORMATION (allergies, medications, treatments, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date