



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Release/Waiver of Liability and Hold Harmless
Agreement for a Minor**
(Participant Under 18 Years of Age)

Directions: Complete this form and return it to your child's school.

I _____, as parent/guardian of _____
have been informed and know the risks involved in participating in this _____ event,
and understand that serious injury, and even death, is possible in such participation and I choose to accept such risk. I
voluntarily accept any and all responsibility for my child's/ward's safety and welfare while participating in this event, with
the full understanding of the risks involved. I hold harmless and release the SCHOOL BOARD OF PALM BEACH
COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS,
CONTRACTORS AND/OR AGENTS of any and all responsibility and liability for any injury or claim resulting from my
child's/ward's participation in this event.

In consideration for being allowed to participate in the _____ event,
I, for my child/ward or his/her heirs, executors and administrators, release and forever discharge the SCHOOL
BOARD OF PALM BEACH COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES,
VOLUNTEERS, CONTRACTORS AND/OR AGENTS of all liability, claims, actions, damages, and/or costs/
expenses my child/ward may have against them, arising out of or in any way connected with my child's/ward's
participation in this _____ event on (date) _____.

I understand that this release/waiver of liability applies to ANY claim, even those based upon the negligence,
actions or inactions of those referenced above, including the SCHOOL BOARD OF PALM BEACH COUNTY,
FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/
OR AGENTS.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**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 THE SCHOOL BOARD OF PALM BEACH COUNTY,
FLORIDA 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
THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA 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 A RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL
BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET
YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE/WAIVER OF
LIABILITY.**

Parent/Guardian Signature _____

Date _____

Parent/Guardian Print Name _____

~IMPORTANT NOTICE TO ALL PARENTS~

THIS FORM MUST BE READ AND SIGNED BY ALL PARENTS OR GUARDIANS OF ALL STUDENTS WHO PARTICIPATE IN OFF-SEASON SUMMER OPEN GYM AND CONDITIONING/WEIGHT TRAINING PROGRAMS ON THE PREMISES OF THE SCHOOL DISTRICT OF PALM BEACH COUNTY FOR MAY 31 – JULY 29, 2024

The School District of Palm Beach does not provide insurance coverage for students who are voluntarily participating in 2024 Off-Season Summer Conditioning/Weight Training and Open Gym programs. Attendance at the Summer Off-Season Program is not a requirement for student athletes. Student participation in Off-Season or Summer Programs is totally voluntary. Schools will allow students to use the school facilities for 2024 Summer Off-Season conditioning and weightlifting as a public service. The School District is not responsible for payment of medical bills in the event that a student is injured while on public school grounds during the summer vacation months or during 2024 Summer programs on Public School grounds. Parents are required to have in place some form of insurance to cover treatment for any injuries related to these activities.

Parents can purchase a low-cost accident insurance policy to help cover some of the medical bills in the event of an injury sustained during off-season summer weightlifting exercise programs from *School Insurance of Florida*. Insurance applications are available online at www.schoolinsuranceofflorida.com. This policy has limitations and exclusions and may not pay 100% of all medical expenses if a student is injured and requires medical treatment. The accident policy only covers conditioning/weightlifting and open gym activities during the summer months. The plan DOES NOT COVER any medical treatment expenses related to injuries or re-occurrence of injuries that occur during: 1) Private sports leagues practices or competitions; 2) Organized interscholastic sports team summer practices and/or competitions organized by the School District of Palm Beach County coaches or employees. OTHER SPECIFIC POLICY EXCLUSIONS AND LIMITATIONS APPLY. PLEASE READ THE COMPLETE DISCLOSURE OF POLICY TERMS BEFORE MAKING THE DECISION TO PURCHASE ANY ACCIDENT INSURANCE PLAN. Visit www.schoolinsuranceofflorida.com for more information.

This information is provided only as a public service. Insurance to protect students during summer activities may also be available through various sources such as Blue Cross/ Blue Shield, Aetna, Golden Rule Ins. Co. The School District of Palm Beach County does not endorse, mandate or profit from the sale of accident insurance. **Payment of all medical bills related to student injuries during the summer months will be sole responsibility of the student's parents/guardians.**

Parents/Guardians must complete and sign this form and turn it into the school's athletic office if your child elects to participate in the Summer Off-Season Conditioning/Weight Training or Open Gym Programs conducted at the school. Please note that Parents/Guardians or Adult Students must also review and sign the appropriate School District Waiver (PBSD 2448 or 2449).

PARENTAL ACKNOWLEDGEMENT OF STUDENT MEDICAL INSURANCE LIABILITY
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Parents Statement: We acknowledge receipt of this notice and allow our child to participate in the Off-Season Conditioning/Weightlifting Programs at the School District of Palm Beach County schools. We agree that we will be totally responsible for payment of all medical expenses that are paid or unpaid by any insurance in the event of our child's injury during 2024 Summer Off-Season Conditioning/Weight Training or Open Gym Programs.

We acknowledge that in the event of a student injury that could occur during any 2024 Summer Off-Season Conditioning/Weight Training programs held on the premises of the School District of Palm Beach County, we are personally responsible for paying all medical expenses due to accidental injuries.

Student's Full Name: _____ School Name: _____

Signature and Acknowledgement by Parent or Guardian: _____ Date Signed: ____/____/____

Signature and Acknowledgement by Student: _____ Date Signed: ____/____/____

THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL ATHLETIC OFFICE