RELEASE AND HOLD-HARMLESS AGREEMENT PARENT-ARRANGED TRANSPORTATION/SUPERVISION TO/FROM FIELD TRIP

I,, pa	rent or guardian (herein "I," "me," or	"my") of the following
I,	nsportation and/or Supervision (as the School") of my Child to/from the	ein "School") to all the used herein "Excludes School Sponsored Field
Trip (herein "Field Trip") to be held on	at	:
1 (Initial) I have arranged for Tran Trip will be held. This document serves as my the option to participate in school-provided tran	written notice that I am knowingly and	l affirmatively declining
2 (Initial) The means of Transportation been selected by me alone without consideration the "School". I have determined the means of Evidence of required licensure and insurance from satisfaction, without any participation, recomm	on, consultation, authorization, approval f Transportation to be both appropriate for lawful Transportation of my Child h	, or recommendation by and safe for my Child. as been provided to my
3 (Initial) During any period in warring, or is Supervised by me on this field trip custody, or control of the School, but rather is my Child only after the following two conditions the Field Trip destination by the means Coordinator/Designee knowingly and with affice control of my Child at the Field Trip destination	within my care, custody, and control. The sare satisfied by me: (1) my Child is part of the arranged; and (2) the remative acknowledgement assumed care.	o and is not in the care, The Field Trip begins for hysically Transported to Principal's Field Trip
4 (Initial) I understand that dropping an adequate transfer of care, custody, and contensure that the Principal's Field Trip Cacknowledgement assumed care, physical customers.	trol of my Child to School personnel. I coordinator/Designee has knowingly	t is my responsibility to and with affirmative
5 Initial) I ASSUME FULL RESP DEATH OR PROPERTY DAMAGE related to or		
6(Initial) To the fullest extent per DISCHARGE, AGREE TO INDEMNIFY, HOLD BOARD OF BROWARD COUNTY, FLORIDA ASSIGNS, FROM ALL LIABILITY TO ME, MEIRS, AND NEXT OF KIN, FOR ANY AND THEREOF, ON ACCOUNT OF INJURY TO THE CHILD, RELATED TO OR ARISING FROM TRA	, ITS OFFICERS, DIRECTORS, EMPLOMY CHILD, OUR PERSONAL REPRESALL LOSS OR DAMAGE, AND ANY OF PERSON OR PROPERTY OR RESULT	TO SUE THE SCHOOL DYEES, AGENTS, AND ENTATIVES, ASSIGNS, CLAIMS OR DEMANDS ING IN DEATH OF MY
7 (Initial) If any portion of this continue in full legal force and effect. Any exclusively in an appropriate court in and for Eaction. The School, as an agency of the State of except to the extent specified in § 768.28, Flori be interpreted as, a waiver of sovereign immurpreserved.	Broward County, Florida, and Florida la of Florida, is a sovereign entity that is b da Statutes. No provision of this Agree	ement shall be brought w shall govern any such y law immune from suit ment shall constitute, or
PARENT/GUARDIAN'S SIGNATURE	PRINTED NAME	