



# Aletheia Christian Academy

1700 Woodchuck Avenue  
Pensacola, Florida 32504

Phone 850-969-0088 Fax 850-969-0906

## CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, participating in 9th-12th grade canoe trip with Adventures Unlimited, an event sponsored by Aletheia Christian Academy on Fri., Oct. 5, 2018. I certify that my child is able to participate in the above event and its associated activities. If there are any activities I do not want my child to be involved in, I have listed them below. I also understand that my child will be transported by bus or private vehicle. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I authorize Mr. James or Mr. Harnas (a teacher) to make emergency medical decisions for my child.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks / dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Aletheia Christian Academy, its directors, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I understand that under present law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Medical Conditions To Be Aware Of:

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

Telephone Numbers Where I May Be Reached In An Emergency:

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

I Do Not Wish My Child To Participate In The Following:

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