

2019-2020

**Immaculata-La Salle High School**

**Student-Parent Handbook Acknowledgement Form**

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school.

I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. Moreover, I further understand that all of the school's policies whether written or verbal are only guidelines and are subject to change at the sole discretion of the school with or without notice.

I also hereby acknowledge that I have read and agree to the terms of the **RELEASES** outlined in the School Sponsored Events Policy, the Participation in School Athletics or Organizations Policy, and the Use of Photos Policy.

\_\_\_\_\_  
(Print Parent/Legal Guardian Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature Parent/Legal Guardian)

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Signature Student)

\_\_\_\_\_  
(Date)

**Both sides of this form MUST be completed and signed**

**IMMACULATA-LA SALLE HIGH SCHOOL, INC. PARENTAL  
CONSENT AND RELEASE OF LIABILITY FORM (FHSAA  
SPONSORED AND NON-FHSAA PARTICIPATING)**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a student at Immaculata-La Salle High School, Inc. ("School") for myself and the above named student, our legal representatives, next of kin and assigns (hereinafter jointly referred as "Student") request that Student be permitted to participate in \_\_\_\_\_ a school-recognized sports program ("Program"). I understand that as a condition of participating in the Program, Student must have a physical examination by a doctor clearing the student for physical activity, as well as, the signatures of the parent and student understanding Heat Acclimation and Concussion Awareness Form which is now part of the FHSAA policy. By signing this Consent and Release, I hereby:

1. Certify that Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to School signed by the doctor which clears Student to participate in said Program prior to him/her engaging in any activity;
2. In the alternative, I agree to allow my son/daughter to be examined at School by a person or persons arranged by School. I hereby acknowledge that the person or persons arranged by School are independent contractors who are not employed, controlled or operating for the benefit of School. School is acting to facilitate the examination for the benefit of Student and with Student's consent and release;
3. Acknowledge that the non-sponsored FHSAA clubs and activities listed in the Immaculata-La Salle Handbook is not regulated by the Florida High School Activities Association and School does not necessarily control the facilities, personnel, and other potential liabilities associated with Student's participation in the Program and that Student is expressly assuming the risk of participating in the Program.
4. Release, discharge, indemnify and covenant not to sue School, the Archdiocese of Miami, The Most Reverend Thomas Wenski or as a corporation sole and their employees, agents and volunteers ("Releases") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such Program or the medical examination;
5. Indemnify and hold harmless, and releases each of them from any loss, liability, damage, claim or cost they may incur incident to Student's participation in the above, whether caused in whole or part by the negligence of Releases or otherwise;

I further represent that Student is covered by accident and health insurance apart from any coverage provided by School which is primary to any other coverage, and I agree to maintain coverage in full force and effect while Student participates in the Program.

I further agree that School, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Program.

I acknowledge that the Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the Program. I agree that Student may participate in the Program regardless of its inherently dangerous nature.

Print name of Parent/Guardian:

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

Address: \_\_\_\_\_ Phone:  
# street city state zip