THIS FORM IS DUE ON:

MONDAY, AUGUST 31, 2020

AUTHORIZATION FOR PARTICIPATION IN THE HOMELAND SECURITY TECHNOLOGIES PROGRAM

As parents or legal guardians of _____

(Printed Student Name)

We hereby authorize and consent to our child's participation in the Homeland Security Technologies Program. We understand that the Homeland Security Technologies Program in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in the Homeland Security Technologies Program.

In consideration of the acceptance of our child by the Washington County Public Schools and Washington County Technical High School (WCTHS) in the Homeland Security Technologies Program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Washington County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in the Homeland Security Technologies program and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Washington County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the Homeland Security Technologies Program will be required to practice and participate in physical fitness training. Your child will also be required to participate in four (4) fitness assessments per year.

Every participant in the Homeland Security Technologies Program must obtain and maintain insurance against possible accident or injury in school-sponsored activities, practice sessions, and during travel to and from alternate education/fitness sites. Such coverage may be provided by the purchase of scholastic accident insurance (through the school); otherwise, proof of similar or superior coverage must be presented.

I/We understand and agree to all of the above.

_____

Relationship to Student

_____ _____ _____

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

_____ _____ _____

Home Phone Cell Phone Email