## SOUTHFIELD PUBLIC SCHOOLS SUPPLEMENTAL CONSENT, WAIVER AND RELEASE FOR OUT-OF-STATE EXCURSIONS

## **VALID FOR THE ENTIRE 2015-2016 SCHOOL YEAR**

**One Student per Form** 

Zip Code

State

Please Print In Ink

As a condition to and in consideration for my child or ward, \_\_\_ (Child's full name; Please Print) being permitted to participate in the Southfield High School Instrumental Music Program out of state excursion. 1. I understand that an out-of-state excursion is a potentially dangerous activity which could cause physical and/or other injury or harm to my child, as well as economic loss. On behalf of myself and my child, I assume all risks associated with my child's participation in the Southfield High School Instrumental Music Program, excursion, and all future economic loss. Further, on behalf of my child, myself, my family members, heirs and assign, I hereby release and hold harmless the Southfield Public Schools, it Board of Education, Administrators, teacher, staff, volunteers, attorneys, agents and representatives from all claims or damages of any sort or kind arising out of my child's participation in the Southfield High School Instrumental Music Program out of state excursion and activities related thereto. 2. I acknowledge that I have the right to decline to allow my child to participate in the Southfield High School Instrumental Music Program out of state excursion; that I have not been coerced by anyone into signing this Supplemental Agreement; and that I have been assured that no penalties or sanctions would be imposed upon my child had I decided not to sign the Supplemental Agreement. Date of Signature Signature of Parent/Guardian It is understood that if this form is signed by one of two parents or guardians, it is with the authority of the other. Name of Parent/Guardian (Please Print) Home Phone Number Street Address Apt#

City

Parent/Guardian Cell Phone Number