

THE STUDENT LEADERSHIP ACADEMY, FLORIDA  
200 Field Ave. E., Venice FL, FL 34285-3936

PARENT/GUARDIAN RELEASE and HOLD HARMLESS AGREEMENT for  
MIDDLE SCHOOL STUDENT ATHLETIC PARTICIPATION

Name of Student: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ School Year: \_\_\_\_\_

Sport/Activity this agreement governs (Please circle and initial all that apply):

Football \_\_\_\_\_ Soccer \_\_\_\_\_ Basketball \_\_\_\_\_

Other (specify) \_\_\_\_\_

I/we fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/we understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

YES - I/we will be purchasing the Student Accident Insurance made available through the Sarasota School District.

NO - I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports related injury.

Name of insurance company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules of the Sarasota School District. I/we hereby give my/our consent for my/our student/child/ward to engage in Sarasota School District approved athletic activities as a representative of his/her school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

Parent/Guardian Home Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Nighttime Telephone: \_\_\_\_\_

In consideration of the Student Leadership Academy permitting my student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless the Student Leadership Academy and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of the Student Leadership Academy its employees and agents, arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/we acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Notary Public Signature

STATE OF FLORIDA  
COUNTY OF SARASOTA

Witness my hand and official seal this

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

RET: Master, 4FY  
Dupl., 1FY

027-01-DIS  
Eff. 10/2001, Rev. 04/2003