FULTON COUNTY SCHOOLS

STUDENT ACTIVITY LIABILITY WAIVER AND RELEASE AGREEMENT

(ACKNOWLEDGEMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT)
(For all School District events, excluding tackle football)

_____
Print Student Name

___Johns Creek High School/Orchestra_____
School/Facility/Department

__Europe Trip 2026 (Italy)_____
Location of Activity or Event

__JCHS Orchestra Spring Trip 2026 to Italy_____.
Name of Activity/Event

__4/2/26 – 4/11/26_____
Date(s) or Period of Time of Each Activity/Event

A Student Activity Liability Waiver and Release Agreement must be completed for each activity or event (may cover multiple dates for same activity or event).

I, the undersigned wish to participate and/or have my child participate in the Fulton County School District (FCS)-approved event or activity as referenced above (hereinafter referred to as "Activity or Event").

I understand and acknowledge that this Activity or Event is voluntary and by its very nature poses actual or potential risks of physical and emotional injury/illness, including but not limited to death, to the student identified above who participates in such Activity. I am aware that there may be no District insurance that would provide coverage for medical treatment, for personal injuries or property damage which may arise out of this Event or Activity.

In order to participate in this Activity or Event, I agree to assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from participation in the Activity or Event. I represent and warrant that the Student is mentally and physically fit, capable, able and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the FCS District shall not be liable for any injury/illness suffered by the Student which arises out of and/or associated with preparing for and/or participating in the Activity or Event.

I hereby release, discharge, indemnify, and agree to hold harmless the FCS District, the Fulton County Board of Education, and the past, present and future officers, members (including Fulton County Board of Education Board Members), attorneys, agents, employees, predecessors and successors in interest and assigns of the FCS District and Fulton County Board of Education (hereinafter "FCS releasees") from any and all liability arising out of or in connection with Student participation in the Activity or Event, including but not limited to extra-curricular activities or events such as sports teams, clubs, debate teams, practices, training or practice activities, field trips, competitive events or activities, student fundraisers, or any other extra-curricular activity or event. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student or Student's parents, guardians, heirs, executors, administrators,

and assigns have or may have against the FCS releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or his or her property during Student's participation in the Activity due to acts of passive or active negligence by FCS releases other than actions involving fraud, or actual malice.

Students are occasionally included in activities or events, publications, and/or public relation activities. I consent to FCS (and its photographers) approval to use my name, picture, likeness, work, voice, or verbal statement to appear in publicity, publications, videos, websites and any other media. I understand and agree that no monetary consideration shall be paid to me; and that my consent and release have been given without coercion or duress; and that my picture, likeness, work, voice, or verbal statement may be used in subsequent years.

A signed Student Activity Liability Waiver and Release Agreement must be on file with the FCS District before a Student will be allowed to participate in the above referenced Activity or Event. Student and/or parents or guardians who do not wish to accept the risks described in this Agreement should not sign this Agreement, and will not be allowed to participate in the Activity or Event.

I acknowledge that I have carefully read this Student Activity Liability Waiver and Release Agreement and that I understand the potential dangers of engaging in this Activity or Event, am fully aware of the legal consequences of this agreement, and agree to its terms. I understand I am waiving certain rights and assuming the risk of injury and property damage from my participation in the Activity or Event.

SIGN LEGAL NAME AND PRINT INFORMATION BELOW NEATLY – MUST BE COMPLETED BEFORE ACTIVITY/EVENT.

Signature of Student (unless a Minor) _____

Date _____

Signature of Parent if Student is a Minor _____

Date_____

Birthdate of Student _____

Participant's Name_____
Home Address_____
Telephone Number_____
Email_____

Emergency Contact Name and Contact Information (Printed)

_____

_____

For Minors under the age of 18 the following must be completed by custodial parent or legal guardian.

Full Name of Minor: _____
Street Address:_____
City, State & Zip Code: _____
Minor's Date of Birth:_____

Name of Parent or Legal Guardian: _____
Parent Holding Legal Custody (if separated or divorced):_____
Phone Numbers - Work: _____
Home:_____ Cell:_____

Alternate Emergency Contact:
Name: _____Phone: _____
Relationship to Minor: _____

Health Insurance information for Minor:
Provider:_____

Medical Information for Minor:
Allergies (food or drug): _____
Are any prescription medications being taken by the minor be in use in the dates of child's involvement? _____ Yes _____ No.
If yes, please provide the name of the medication and the dose/frequency _____
_____.