



Student Permission Slip to Participate

Risk Management
Mat-Su Borough School District
501 North Gulkana
Palmer, Alaska 99645
P (907) 746-9213 || F (907) 761-4091

Student Name			
Activity / Event		Event Date	
School		Event Time	
Event Location		Event Fees	

I am an adult student completing this form for myself.

As the parent or guardian of an underage student, or as a student over the age 18, I hereby release, waive, discharge, indemnify and agree to hold harmless the Matanuska-Susitna Borough School District, its agents, officers, employees and volunteers, from all liability to me, my spouse, or my child from any and all loss and personal injury, including injury resulting in death, arising out of or resulting from the above described activity/event.

I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

I understand that accidents may occur. If first aid is required, it may be provided by the school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal/residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse, and the above named child any liability of the school district and of its agents or employees arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

_____		Emergency Contact Phone	
Parent / Guardian or Adult Student Signature	Date		

Special instructions or information regarding myself or my student: