

**Colorado Springs School District No.11
STANDARD PERMISSION SLIP**

**Palmer High School
301 North Nevada Avenue
Colorado Springs, CO 80903**

I, _____ (print name), am the custodial parent and/or legal guardian of
_____ (print Name of student). I give my permission for the student to participate
in the following activity: _____

Is participation in the activity mandatory?

I acknowledge that the student's participation in the activity is a privilege and is completely voluntary. I understand that the school will provide alternatives for those students who choose not to participate in the activity.

What about insurance?

I understand that the School District is not responsible for insuring me or the student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

Is the School District responsible for damages or injuries that may occur during the activity?

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

By signing this form, I am releasing the School District and its employees from any of their legal obligations. However, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless the School District and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by the School District. I understand that for purposes of this form, the term "employees" includes the School District's directors, employees, servants, and volunteers.

I acknowledge that I have read and understand this Standard Permission Slip.

(Read carefully before signing)

Teacher Signature

Period	Yes	No
1		
2		
3		
4		
5		
6		
7		

Signature of Custodial Parent or Legal Guardian

Street Address

City State Zip

Emergency Contact: Name & Phone

Work Phone / Home Phone

Date