

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Dear Parents or Guardian:

_____ **Print Student's Name/Grade/Date of Birth**

During the course of the school year your student may participate in the HRS Athletic Program and in several field trips ranging from a trip to a local park or museum, to hiking, skiing and river rafting trips. These trips may include traveling in winter conditions and in mountainous areas. Participation in these trips/activities is associated with inherent risks.

The Head-Royce School and its agents will make every effort to insure the safety of students participating in these various activities. However, they cannot be held accountable for unforeseen natural occurrences, or for any injury or loss caused by a child's failure to strictly follow safety guidelines or instructions.

A student's failure to abide by school rules and rules associated with the specific activity as well as other expectations, may result in the student being sent home. Should this be necessary, the parent will be responsible for any and all costs incurred. In addition, the parent will be responsible for transporting the child back home.

The risks associated with participation in school activities may range from minor to severe life-threatening injuries that could necessitate immediate professional medical attention. In the event that the parent or guardian is unreachable during a medical emergency, it is understood that The Head-Royce School or its agents may authorize treatment by a licensed medical professional as needed.

For specific information regarding these activities, please contact the appropriate division office or the Athletic Department.

By signing below I/we acknowledge that I/we have read and understand this Risk Acknowledgement and Consent to participate as outlined and agree to the terms and conditions as stated above. I/We have discussed with our student the terms and conditions set forth and their responsibilities as a participant in school activities.

----- Date

Signature of Parent or Guardian

----- Date

Signature of Parent or Guardian

----- Date

Signature of Student

During the school trip or activities I/we can be reached at the following phone numbers:
(Indicate work and home numbers and relationship to student)

1. _____ 4 .

2. _____ 5 .

3. _____ 6 .

Please list below any medical conditions or allergies of which trip/activities leaders should be aware.
