

PERMISSION SLIPS AND PAYMENT DUE BY OCT. 21TH. NO EXCEPTIONS!

SOMERSET ACADEMY, INC. FIELD TRIP PERMISSION FORM AND RELEASE

Your student is scheduled to participate in an activity/event with Somerset Academy, Inc. d/b/a Somerset Academy Bethany ("Somerset"). Read this form completely and carefully. This form acknowledges your choice for your student to participate in the Activity. You and your child agree to comply with all requirements, instructions, orders, directives and guidelines of Somerset while participating in the Activity. I understand and agree that unless granted a waiver for early dismissal, that my child will travel to/from Activity with Somerset. If I have been granted a waiver, it is attached as Exhibit A. Activities such as field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as extensions to the learning taking place in the classroom. This form must be completed and signed by the student's parent/guardian in order for the student to participate in the "Activity", described below:

Activity/Destination: Shadow Day Planned by: Rains Grade 5th Grade

Departure Date/Time: 10/24/2024 8:45am Return Date/Time: 10/24/2024 2pm

Location/Address: Somerset College Prep/Somerset Career Academy 725 NW California Blvd Method of Transportation: School Bus

Purpose/Nature of the Activity: 5th graders will shadow middle/high students for a day to see the College Prep/Career Academy campus and learn about those programs.

The Activity will be Chaperoned by: Admin. Teachers There will be Chaperones Activity Fee: \$ No Charge

I understand that my child may not participate in the Activity without paying the Activity Fee in full. I understand that Activity Fees are non-refundable for any reason, including illness, absence or loss of privileges. If I am unable to pay the Activity Fee, where appropriate and to the extent available, my child may have an opportunity to participate in a fund-raising activity or may be directed to other fund sources for assistance. Please note, this is not available for any Activity unrelated to classroom instruction (i.e. grad-night, athletic contests, banquets, etc.)

EMERGENCY CONTACT INFORMATION -MUST BE FILLED OUT COMPLETELY

1. Name of Parent/Guardian: _____ Telephone #: _____ Alt. # _____
2. In case Parent/Guardian cannot be reached, please contact:
Relationship: _____ Telephone #: _____ Alt. # _____
3. Physician's Name: _____ Telephone #: _____
4. Insurance policy covering my child: _____ Policy #: _____
5. List any medical condition (if applicable): _____
List any allergies (if applicable): _____
My child takes the following medication regularly (documentation on file with school): _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF ACCIDENT OR ILLNESS ON TRIP.

Parent/Guardian Signature: _____ Date: _____

ACTIVITY RELEASE: BY SIGNING THIS FORM, I ACKNOWLEDGE AND FULLY UNDERSTAND, THERE ARE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, EXPOSURE TO COVID-19, ILLNESS, INJURY OR LOSS OF LIFE. DESPITE THE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, I WISH TO PROCEED AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE. I FREELY ACCEPT AND ASSUME ALL RISKS AND HAZARDS THAT MAY ARISE FROM MY CHILD'S PARTICIPATION IN THE ACTIVITY AND WHICH COULD RESULT IN LOSS, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE, (COLLECTIVELY, AN "ACTIVITY-RELATED INJURY"), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, AS DEFINED BELOW, OR OTHERWISE.

I, FOR MYSELF, MY ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS, AND FOR MY CHILD, MY CHILD'S ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS (COLLECTIVELY, "RELEASORS") HEREBY RELEASE AND HOLD HARMLESS SOMERSET, ITS GOVERNING ENTITY, OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, CONTRACTORS, SERVICE PROVIDERS, AGENTS AND ASSIGNS (COLLECTIVELY, "RELEASEES") FROM ANY AND ALL LIABILITY AND RESPONSIBILITY WHATSOEVER, HOWEVER CAUSED, FOR ANY AND ALL DAMAGES, CLAIMS, OR CAUSES OF ACTION THAT RELEASORS MAY HAVE ARISING OUT OF, CONNECTED WITH, OR IN ANY MANNER PERTAINING TO AN ACTIVITY-RELATED INJURY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, AND AGREE AND COVENANT NOT TO SUE RELEASEES AND TO HOLD EACH HARMLESS FROM ANY SUCH CLAIMS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY JUDGMENT, SETTLEMENT, LOSS, LIABILITY, DAMAGE, COSTS OR EXPENSES, INCLUDING COURT COSTS AND ATTORNEY FEES AT BOTH THE TRIAL AND APPELLATE LEVELS, THAT MAY BE INCURRED, OR ARISING OUT OF OR IN ANY WAY RELATED TO AN ACTIVITY-RELATED INJURY, OR IN ANY WAY RELATED TO THE ACTIVITY OR MY/MY CHILD'S PARTICIPATION THEREIN, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

I HAVE READ THIS FORM. I UNDERSTAND ITS TERMS ARE CONTRACTUAL AND NOT A MERE RECITAL. I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. THROUGH MY OWN FREE ACT, I VOLUNTARILY AGREE TO BE BOUND BY IT. I UNDERSTAND I HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND SOMERSET HAS THE RIGHT TO REFUSE TO ALLOW STUDENT TO PARTICIPATE IF I DO NOT SIGN THIS FORM.

Student Name: _____ Grade: _____ D.O.B.: _____ Student ID No.: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Please see back and complete



Will your student be needing school lunch: _____ YES _____ NO

Do you have a sibling/relative that attends the middle/high campus that you would like to be paired with?

If so, First and Last Name: _____

Students MUST be in school uniform and wear school ID

SCA/SCPA Shadow Day Contract

Thursday, October 24, 2024

As a 5th grade *shadowee*, I will:

- Be kind and respectful to my SCA/SCPA *shadower* and all others while on the SCPA campus
- Ask any questions about curriculum and extra-curricular activities that I may have
- Have lunch in the designated area
- Become acclimated to the SCA/SCPA campus
- Adhere to the SASL/SAB/SCPA dress code policy
- Follow the code of conduct for bus/transportation

Print the SASL/SAB student's first and last name here _____

Please sign below

SASL/SAB Student _____ Grade level _____

SASL/SAB Parent _____ Date _____

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Print the SASL/SAB student's first and last name here _____

Please sign below

SASL/SAB Student _____ Grade level _____

SASL/SAB Parent _____ Date _____

Student's Full Name: _____

Do you prefer to be matched with a male or female? _____

Full name of sibling at SCPA/SCA: _____

Full name of person you would like to be paired with at SCPA/SCA: _____

Please sort in order of interest.

1-Highly Interested to 10- Not interested at all

Sports	
	Volleyball
	Cheerleading
	Soccer
	Bowling
	Basketball
	Track and Field
	Cross Country
	Swimming/Diving
	Boxing
Fine Arts and Performing Arts	
	Art/Drawing/Painting/Photography
	Drama/Acting/Theater/Dance
	Band
	Chorus
Career Technical Education (CTE)	
	Early Childhood & Florida Future Educators of America (FFEA)
	Carpentry
	Electrical
	Digital Infotechnology
	Pre-Law/Criminal Justice
	FBA
	Welding
STEM	
	Odyssey of the Mind
	Science Olympiad
Electives/Others	
	History Fair
	Yearbook
	Chess Club
	Community Service Club
	Student Government (SGA)
	Student Against Destructive Decisions (SADD)
	And Others