STUDENT'S NAME: _____ GRADE: _____
LAST FIRST

HOMEROOM TEACHER: _____

ASSUMPTION OF RESPONSIBILITY FORM

In consideration for The False River Academy School allowing me to participate on a regular basis in field trips, sports, and extra-curricular activities for the current school year, my parents and I assume the financial responsibility for all medical expenses should an accident occur. We understand that these field trips, sports and activities include certain risk of accidental injury. We acknowledge that we have medical aid/or hospital coverage, and that we will look to that coverage for reimbursement. We specifically agree not to assert a claim or file a lawsuit against FRA for personal injury damage should there be an accident or injury while participating in sports, extra-curricular activities, or field trips. If that circumstance occurs, we agree to confine or limit any attempt to recover personal injury damages against the insurance carrier who provide liability coverage to FRA, to ourselves or to third parties not affiliated with or connected to FRA, who might otherwise be responsible for the accidental injury.

_____ _____

Student's Signature Parent's Signature

_____ _____

Date Parent's Signature