

**PARENTAL PERMISSION SLIP**

Ticket # \_\_\_\_\_ Phone # of Parent /Guardian Responsible \_\_\_\_\_

I/We hereby grant permission for \_\_\_\_\_

To attend PROJECT GRADUATION '12 of Booker T. Washington High School from 10:30 p.m., June 5, 2012 through 4:30 a.m., June 6, 2012 at Sam's Fun City, Pensacola, Florida.

I/We authorize the party official to obtain medical treatment in the event of any injury or illness and agree to pay any expense incurred for this treatment.

I/We understand that under present Florida law, if any/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under any/our family automobile policy and/or his/her own automobile policy, and I/We agree to submit any medical bills incurred to my/our/his/her insurance company for payment. If my/our/his/her policy has been issued with a deductible clause relative to the personal injury protection, I understand that I/we/he/she assumed the deductible amount when I/we/he/she purchased the policy.

I/We on behalf of myself/ourselves, my/our heirs, executors, successors, and assigns, in consideration of my/our child participating in PROJECT GRADUATION '12 of Booker T. Washington High School, release and agree to save and hold harmless, the SCHOOL BOARD OF ESCAMBIA COUNTY or SCHOOL BOARD OF SANTA ROSA COUNTY, Florida, their agents, servants, employees, and successors from any and all responsibility and liability for any and all expenses damage, accident, illness, injury or medical expenses of and to my/our child or our property, resulting from such participation.

\_\_\_\_\_  
(Date) (Signature of Parent/Guardian & Relationship)

\_\_\_\_\_  
(Date) (Signature of Student)

I agree to arrive at PROJECT GRADUATION '12 of Booker T. Washington High School sober and alcohol and chemical substance free. I further agree to follow the laws of the STATE OF FLORIDA and the guidelines of PROJECT GRADUATION '12 of Booker T. Washington High School.

\_\_\_\_\_  
(Date) (Signature of Student)

\_\_\_\_\_  
(Date of Birth) (Street Address)

\_\_\_\_\_  
(City/State/Zip)

In case of an emergency and a parent/guardian cannot be reached for any reason please contact the following person(s):

\_\_\_\_\_  
(Emergency Contact Person) (Emergency Contact Person's Phone Number)

\_\_\_\_\_  
(Emergency Contact Person) (Emergency Contact Person's Phone Number)