School Name THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Single Field Trip Parent/Legal Guardian Authorization Form

High School – Magnet Program – Center

1. I authorize my student to tilize the following type of transportation: School Bus Charter Bus Rental Vehicle Private Vehicle Walk -No motorcycles/scooters/mopeds permitted as transportationMaximum capacity is one (1) person per seat belt. 2. I authorize my student to: Ride with Staff Dirve Family Car Dirve Family Car Dirve Car and carry passengers including fellow students -No motorcycles/scooters/mopeds permitted as transportationMaximum capacity is one (1) person per seat belt. • Field Trip Destination: John I Leonard High School, Greenacres, - April 10th 10 AM • Return Date/Time: April 10th 5 PM • Return Date/Time: Femerached at: Name: Telephone: In the event I cannot be reached, please contact: Name: Telephone: Mealth/Accident insurance or family insurance: Insurance Company:	Student Name:	Telephone;
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FORM#4359		
REV 8/16		8
OSQ 9853/RISK MGMT 9711	OSQ 9853/RISK MGMT 9711	<u></u>
Signature of Parent or Guardian/Oc		Signature of Parent or Guardian/Date

RELEASE AND HOLD-HARMLESS AGREEMENT PARENT-ARRANGED TRANSPORTATION/SUPERVISION TO/FROM FIELD TRIP

I,, parent or guardian (herein "I," "me," or "my") of the following
minor child, (herein "Child"), on my own behalt and on behalt of my Child, do hereby agree with The School Board of Broward County, Florida (herein "School") to
all the terms and conditions below regarding Transportation and/or Supervision (as used herein
"Excludes Transportation and/or Supervision provided by the School") of my Child to/from the School Sponsored Field Trip (herein "Field Trip") to be held on 4/8/21-4/10/21 a
and the second s
1 (Initial) I have arranged for Transportation of my Child to/from the destination where the Field Trip will be held. This document serves as my written notice that I am knowingly and
affirmatively declining the option to participate in school-provided transportation to/from the Field
Trip, if any.
2 (Initial) The means of Transportation I will use to transport my Child to/from the Field Trip
has been selected by me alone without consideration, consultation, authorization, approval, or
recommendation by the "School". I have determined the means of Transportation to be both
appropriate and safe for my Child. Evidence of required licensure and insurance for lawfu
Transportation of my Child has been provided to my satisfaction, without any participation recommendation, review or referrals by or from the "School".
3(Initial) During any period in which my Child is being Transported by me to/from this Field
Trip, or is Supervised by me on this field trip, my Child is not part of the Field Trip and is not in the care
custody, or control of the School, but rather is within my care, custody, and control. The Field Trip
begins for my Child only after the following two conditions are satisfied by me: (1) my Child is
physically Transported to the Field Trip destination by the means I have arranged; and (2) the
Principal's Field Trip Coordinator/Designee knowingly and with affirmative acknowledgemen
assumed care, physical custody, and control of my Child at the Field Trip destination. 4 (Initial) I understand that dropping my Child off at the Field Trip destination does no
4 (Initial) I understand that dropping my Child off at the rield trip destination does no constitute an adequate transfer of care, custody, and control of my Child to School personnel. It is
my responsibility to ensure that the Principal's Field Trip Coordinator/Designee has knowingly and with
affirmative acknowledgement assumed care, physical custody, and control of my Child at the Field
Trip destination.
5 Initial) I ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH
OR PROPERTY DAMAGE related to or arising from Transportation of my Child to/from the Field Trip.
6, (Initial) To the fullest extent permitted by applicable law, I hereby forever RELEASE WAIVE, DISCHARGE, AGREE TO INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE THIS
SCHOOL BOARD OF BROWARD COUNTY, FLORIDA, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS
AND ASSIGNS, FROM ALL LIABILITY TO ME, MY CHILD, OUR PERSONAL REPRESENTATIVES, ASSIGNS
HEIRS, AND NEXT OF KIN, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS
THEREOF, ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF MY
CHILD, RELATED TO OR ARISING FROM TRANSPORTATION OF MY CHILD TO/FROM THE FIELD TRIP.
7 (Initial) If any portion of this Agreement is held invalid, the balance of the Agreemen
shall continue in full legal force and effect. Any action brought to enforce this Agreement shall be
brought exclusively in an appropriate court in and for Broward County, Florida, and Florida law sha govern any such action. The School, as an agency of the State of Florida, is a sovereign entity that i
by law immune from suit except to the extent specified in § 768.28, Florida Statutes. No provision o
this Agreement shall constitute, or be interpreted as, a waiver of sovereign immunity, and a
defenses relative to sovereign immunity shall be preserved.
PARENT/GIIARDIAN'S SIGNATURE PRINTED NAME DATE