

Student Participation Release Form

Student Information

Student Name

Grade

Date of Birth

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Program Details

Program Name

Date(s) of Participation

Medical Information

Medical Conditions or Allergies

Emergency Contact Name

Emergency Contact Phone

Release Agreement

I give permission for my child to participate in the above-named program. I acknowledge that I have read and understood all information provided about the program, and I agree to release the school and its staff from any liability or claims arising from my child's participation.

Photo/Video Consent

I consent to the use of photographs or videos of my child for school-related publicity or educational purposes.

Signatures

Parent/Guardian Signature

Date