<p align="center">RAIDERTRON RELEASE FORM</p>

Student Name:_____

Parent Name:_____

 Release of Liability for Students To Participate in Raidertron Activities
Parents/Guardians/Adult Students (Age 18 or Older):
I agree to hold Fulton County Board of Education harmless in the event of
injury to this student, including any property damage while the student is
Participating in Raidertron Activities related events, activities, or sites
after school hours. In addition, I agree not to assert against the Fulton
County Board of Education, all current, former and future members of the
School Board of the Fulton County Board of Education, former or future
employees of the Fulton County Board of Education, and their heirs,
executors, administrators, successors, and assigns, in any court of law,
any claim or claims that the student and/or parent or legal guardian had,
now have, or may have in the future, whether known or unknown, based
on any injuries sustained by the student while being so transported.
I have read the above agreement, and voluntarily sign the release and
waiver of liability, and further agree that no oral representations,
statements or inducements apart from the foregoing written agreement
have been made.

Signature of Parent, Legal Guardian, or Adult Student:

_____

Date: (FOR SCHOOL USEONLY)
Received by :
_____on
_____(print full name) (print date)

Signature of receiving party:

 _____

Alpharetta High School
(470) 254-7640