

STN CONVENTION: MEDICAL & RELEASE FORM

***Please complete and return this form to Mr. Misner, along with a copy of your medical insurance card (front and back), by Friday, February 16, 2018**

Student Name: _____

List any allergies:

List of medications and dosage:

Special Instructions:

**Release of Liability for Students to Participate in
STN Convention 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 Student Television Network Convention events, activities, or related off campus visits. 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.

Parent/Guardian Name: _____

Signature of Parent, Legal Guardian, or Adult Student: _____

Date: _____

(FOR SCHOOL USE ONLY)

Received by: _____ on
_____ (print full name) (print date)

Signature of receiving party: _____

Fulton County Department of Athletics 404-763-6892