

TRANSPORTATION PERMISSION AND EMERGENCY AUTHORIZATION
Maclay Crew
for all Regattas, Trips, Events, Practices, Activities & Meetings

I, _____ the parent or legal guardian of
_____, give permission to transport said
child by commercial bus, school bus, or private cars to all **Maclay Crew** trips, regattas,
events, practices, activities or special meetings.

I, the undersigned acknowledge that the parents of **Maclay Crew, the Maclay Crew Boosters Executive Board, Maclay School Board of Directors, and Maclay School,** are not responsible for events outside their control (including, without limitation, acts of God, strikes, riots, sickness) or for acts of any person or entity not controlled by the above mentioned persons or institution. I hereby release the above named parties and institution from all claims of any nature arising out of such events or acts. I further release the above parties and institution from liability if my child is transported by another Maclay Crew member to crew events, practices, activities or special meetings. At no time will my child drive to or from a regatta or other crew event or activity unless it is in Tallahassee, Florida.

I understand that the above parties and institution have full authority to terminate my child's participation on a trip, regatta, event, activity, or practice of the Maclay Crew if he/she fails to comply with Maclay School's and Maclay Crew's rules, standards and instructions. He/she will be sent home at my expense. I understand that my child is to remain at the Crew Event with his/her assigned chaperon unless I personally tell the chaperon my child is leaving with me or have a signed permission slip prior to the trip or event stating my child can leave with another adult at least twenty-one years of age after the event is over. I will assume all financial liability or obligation which my child incurs and will also indemnify anyone who my child injures or whose property he/she damages or causes to be damaged while on a Crew trip or event. I further release the above parties and institution from liability for loss or damage of mine for my child's belongings and baggage while on a trip.

I also grant permission for necessary treatment of conditions arising during participation in activities involving Maclay Crew, including medical or surgical treatment recommended by a physician. I understand that reasonable effort will be made to contact me prior to treatment; however, if for any reason I cannot be reached, I authorize any of the above named persons or a representative of Maclay School to secure medical attention by a physician or hospital for my child. I will assume financial responsibility for charges incurred.

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AUTHORIZATION TRANSPORTATION PERMISSION AND EMERGENCY TREATMENT Maclay Crew Page 2

I certify that I am the parent or legal guardian of _____.
I have read the Transportation Permission and Emergency Treatment Authorization and release and agree fully to be bound thereby.

Parent or Guardian Signature

Health Insurance Company

Address

Phone

Policy Number

State of Florida
County of Leon
Sworn to and subscribed before me this _____ day of _____, 200_.

Notary

Print, type or stamp commissioned name

Personally known () or produced identification ().

Type of identification produced _____ Commission expires _____