



*"Changing lives with high quality educational experiences and a strong foundation of academic excellence."*

RELEASE AND AUTHORIZATION TO PARTICIPATE IN PHYSICAL EDUCATION  
AND APPROVED TRAVEL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Release and Authorization to Participate in Physical Education and Approved Travel: I give my consent for my child to participate in HPA approved sports, extra-curricular activities, and approved travel with transportation being provided by the staff, paid carriers or any other representative of the school. I understand that by participating in physical education and athletics at HPA my child will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis or even death. I understand that contact sports have a higher risk factor than other sports. I understand that HPA does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend and hold harmless HPA, its Trustees, Directors, staff, faculty, its agents, employees and invitees together with all persons, including parents of students of HPA, assisting with any phase of such activities and trips (excluding paid certified carriers), from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips, including any accident or injury suffered by my child while involved in such activities and trips.

Printed Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_