



WOLCOTT SCHOOL.ORG
524 N Wolcott Avenue
Chicago, IL 60622
PHONE: 312.610.4900
FAX: 312.610.4950

2019- 2020 Activities Consent & Parental Release Form

Student Name: _____ Grade Level: _____

Please read and initial EACH paragraph to show your consent, then sign and date at the bottom of this page.

PARENT/GUARDIAN RELEASE

_____ *In the event my child must return early to WOLCOTT SCHOOL from an event, due to misconduct or disciplinary reasons, I understand that I am fully responsible for all costs that the School incurs.*

_____ I/We hereby authorize WOLCOTT SCHOOL staff to seek **medical and/or surgical emergency** assistance for my/our child if required including, without limitation, giving my/our permission to the medical staff selected by WOLCOTT SCHOOL staff to secure proper treatment for and to order injections, anesthesia, surgery, or similar measures for my/our child and to pay all related expenses, including any transportation costs

_____ To the fullest extent legally enforceable under the laws of the State of Illinois, I/We also hereby fully release and discharge WOLCOTT SCHOOL, its agents, Board of Directors, Fiduciaries, consultants, Directors, and staff (collectively, its "Representatives") from any and all claims from **injuries, damages or loss** which may occur or which may accrue to my child on account of his/her participation in the events sponsored by WOLCOTT SCHOOL to which I hereby consent.

_____ To the fullest extent legally enforceable under the laws of the State of Illinois, I/we further agree to indemnify, hold harmless and defend WOLCOTT SCHOOL and its Representatives from any and all claims or costs resulting from injuries, damages, and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of these programs or events for which I/we consent by signing this form below.

and all other activities scheduled by WOLCOTT SCHOOL, to take place on or off the school premises, during the academic year. In the event my son/daughter needs to utilize public or private transportation, I give permission for him/her to do so with the supervision of an adult selected by the school to serve in a supervisory role. I understand that I will be notified in advance with respect to the details of such events, programs, competitions and other activities scheduled to take place outside of the school premises. *No additional permission form will be needed.*

_____ I give WOLCOTT SCHOOL permission to use **photographic, video or audio representations** of my child in print, in Internet materials or in other media produced by the school for publicity purposes without further permission. Your student's name will not be included with an image unless further permission is received by parent/guardian.

_____ Our address, telephone number(s) and e-mail address(es) may be published in the **WOLCOTT SCHOOL Student Directory**.

_____ I give WOLCOTT SCHOOL permission to use my child's school **schoolwork, project artwork, photography, or graphics** for school publicity purposes without further permission. This may include wall displays in the school or publicity in the community, newspapers, Internet or video. Your student's name will not be included outside the school unless further permission is received by parent/guardian.

Parent/Guardian Signature _____ Date: _____