

FLORIS ELEMENTARY PTA
PARENT WAIVER AND CONSENT

Whereas, the Floris Elementary Parent Teacher Association (PTA), as a service to its members and students, provides various before/after school activities for the students at Floris Elementary School (FES);

Whereas, the parent or legal guardian (as identified as the Parent Account Holder for this online registration system) of the named child on the same online registration system wishes to take advantage of the before/after school program designated in this specific online electronic registration (as listed on the transaction record);

In consideration for these services, the parent or legal guardian agrees and represents as follows:

I am the parent or legal guardian of the named child being registered for this program as indicated on the transaction record. I hereby agree to follow all registration requirements. I understand that my child must adhere to the FCPS rules of conduct and will be removed from the program if he/she fails to demonstrate behavior that is conducive to learning. Refunds for such cases will only be considered in extenuating circumstances, according to the Floris PTA Refund Policy.

I understand that there are certain risks of injury inherent in this before/after school activity and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation. I hereby certify that if my child has or develops any health problems, physical or mental disabilities in the course of this program that I have discussed/will discuss these issues with the program staff and my child has been cleared to participate.

Program staff are not responsible for exposure to food allergens. Children should bring water bottles as needed. If I have any concerns related to food allergen exposure, it is my responsibility to discuss this with the program coordinator and staff. Program staff are neither trained in nor able to administer medication, including Epi-pens or inhalers. Medication kept in the School Clinic is not available to my child or program staff during program hours.

I agree, in taking advantage of this before/after school activity, to release and hold harmless the PTA, including its officers, agents, members and volunteers; FES, including its officers, agents, and employees; and any person or persons in charge of running the before/after school program (the program coordinator), from any and all claims, demands, suits, costs (including attorneys' fees and litigation costs) and charges, in connection with or arising out of the provided before/after school program, including but not limited to bodily harm or injury to my child. I understand that this release includes any claims based on negligence, action, or inaction of the PTA, FES, and the program coordinator.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the program coordinator, program staff, or other adult present to see immediate medical care at any facility that this person deems most suitable. I further give my consent for any and all emergency medical treatment for my child when my child is in this individual's care.

I agree to pay for any medical expenses incurred by my child as a result of participating in this PTA sponsored activity/program and will not hold the school, the PTA, the program provider, or its staff or volunteers liable for any reason related to my child's participation in the program.

I have read this release and further agree that no oral representations, statements, or inducement apart from the foregoing waiver and consent have been made.

By providing and authorizing payment through this online registration system for the before/after school activity represented on the transaction record, I am also providing my electronic signature to agree to the terms and conditions of this Waiver and Consent.