



## **ACTIVITY PERMISSION**

Our child, a student at Jackson Academy, desires to participate in the sport or activity shown below for the current school year. We understand that occasionally injuries occur in this sport or activity; that Jackson Academy provides supplemental insurance coverage, but will not assume any risk or responsibility for any injury that occurs while participating in the activity.

We agree that our child may participate in the sport or activity; that we will be fully responsible for any and all doctor, hospital and related medical expenses related to any injuries or damages sustained while participation in said sport or activity or travel in connection therewith; waive and release Jackson Academy from any claim of any kind we or our child might have relating to any injuries or damages sustained while participating in said sport or activity or travel in connection therewith; and indemnify and hold harmless Jackson Academy from any such claim that might be made.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Sport or Activity

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Guardian