

MIDLAND CLASSICAL ACADEMY  
PERMISSION FOR STUDENT PARTICIPATION AND RELEASE



Description of Event/Activity: \_\_\_\_\_

Date(s) of Event/Activity: \_\_\_\_\_

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

By my signature below, I certify that I am the parent or legal guardian of the student named above (hereinafter "Student"). I understand that the Event/Activity is school sponsored and I authorize and consent to my Student's participation in the Event/Activity, including any transportation required for participation in the Event/Activity and understand that means of transportation could be any public, rental or private vehicles driven by an adult. I further acknowledge and understand that participation in the Event/Activity is voluntary, not required, and that it may expose my Student to risks of injury and/or even death.

**In consideration for MCA allowing my Student to participate in the Event/Activity, I HEREBY ASSUME ALL RISKS OF SUCH PARTICIPATION AND RELEASE MCA and all its directors, officers, employees, representatives, agents and/or volunteers from any and all claims for any injury of any kind to my Student or other damages that may occur as a result of my Student's participation in the Event/Activity, INCLUDING WITHOUT LIMITATION ANY INJURIES OR OTHER DAMAGES THAT MAY BE CAUSED BY THE NEGLIGENCE OF MCA OR NEGLIGENCE OF ANY OF MCA'S DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS AND/OR VOLUNTEERS, EXCEPT for those claims and/or damages which MCA, its directors, officers, employees, representatives, agents and/or volunteers have effective insurance coverage, BUT ONLY to the extent of such insurance coverage. However, I do not release any claims against any person who intentionally or with reckless disregard causes injury to my Student.**

I further acknowledge and understand that photographs, videotapes, and other recordings may be made of participants in the Event/Activity, including my Student, and I hereby consent to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Event/Activity and (ii) to promote MCA and its programs.

In the event of illness of or injury to my Student, I do hereby consent to whatever diagnostic testing and/or medical treatment are considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have read this document and understand that this document includes a partial release of claims and is intended to be legally binding. By signing below, I agree to the terms set forth herein.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

MUST BE COMPLETED FOR OVERNIGHT TRIPS  
(OPTIONAL FOR DAY TRIPS)  
MEDICAL AUTHORIZATION FORM  
MIDLAND CLASSICAL ACADEMY  
5711 WHITMAN  
MIDLAND, TEXAS  
PHONE: (432) 694-0995

I/We, being the parent(s) or legal guardian(s) of \_\_\_\_\_  
(student's name), a minor, do hereby appoint \_\_\_\_\_ of  
Midland Classical Academy to act in my/our behalf in authorizing emergency medical, dental, or surgical  
care and hospitalization for the above-named minor during a period of my/our absence on  
\_\_\_\_\_ (Date(s)).

This document shall be presented to a physician, dentist, or appropriate hospital representative at  
such time as emergency medical, dental, surgical care, or hospitalization may be required. Where no proof  
of insurance is established, parents of students must assume legal responsibilities for expenses incurred for  
injuries to students that occur at school or on co-curricular activities.

\_\_\_\_\_  
Signature Parent/Guardian                      Date

\_\_\_\_\_  
Signature Parent/Guardian                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Insurance Co. or Government Carrier

\_\_\_\_\_  
Identification or Contract Number

\_\_\_\_\_  
Agent/Carrier's Phone Number