

Lafourche Parish School Board
Parent or Guardian Consent, Indemnity and Insurance Form

From July 1, 2019 – August 1, 2020

Students Name _____

School _____

Activity _____

Consent and Indemnity

The undersigned parent(s) or legal guardian(s), as the case may be, of the student named above hereby consent to his or her participation in the activity conducted by the public schools of Lafourche Parish, and recognize and acknowledge that the injuries may occur to the student as a result of participation in those activities. To the extent permitted by law, consenting to the student’s participation in such activities, the undersigned parent(s) or legal guardian(s) hereby agree to hold harmless the Lafourche Parish School Board, its members, employees, agents, assigns and insures from and against all liability for any accidents involving the student while participating in such activities and any injuries suffered by the student during, or as a result of, such participation. The undersigned parent(s) or legal guardian(s) hereby also understood that this authorization is not intended to, and does not; modify the foregoing indemnity provision in any manner whatsoever.

INSURANCE ELECTION

(Please initial the appropriate provision)

As parent or legal representative of the student named above, I acknowledge that insurance

_____ against loss caused by injury to my child while participating in the activities described above is available for purchase from School Board Parish Student Insurance.

I agree to purchase or have purchased such insurance prior to the student’s participation in such activities, and I agree to submit all claims for injuries incurred by the student during such participation to that insurance company. I understand and agree that the Lafourche Parish School Board, its members, employees, agents, assigns, or insurers shall not be responsible for payment of any bills not covered by such insurance.

*Please provide a copy of purchase confirmation.

_____ As parent or legal representative of the student named above, I acknowledge that insurance against loss caused by injury to that student while participating in the activities described above is available for purchase from Lafourche Parish Student Insurance.

I do not wish to purchase that insurance. I understand and agree that I will be fully and personally responsible for payments of any and all bills incurred by us as a result of any injury suffered by the student while participating in such activities. I further understand and agree that the Lafourche Parish School Board, its members, employees, agents and/or assigns shall not be responsible for payment of any such bills.

** No Student will be permitted to begin participation in organized school activities until this form has been completed and signed by the parent(s) or legal representatives of the student.

Parent or Legal Representative / date: _____