



# SONORAN SCIENCE ACADEMY

## CONSENT AND ACKNOWLEDGMENT FOR STUDENT ACTIVITIES

Student Name \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

We, the undersigned parent(s)/guardian(s), hereby grant permission for our son or daughter to participate in Sonoran Science Academy physical education classes, athletic events, laboratory activities, field trips (including possible overnight field trips), and playground activities, including activities during recesses, breaks and lunchtime. We understand that the above classes, events and activities involve inherent risks and that there is always a possibility that our son or daughter may sustain injury or illness while participating in the above classes, events and activities. We acknowledge and understand that our son or daughter is assuming the risk of illness or injury by participating in the above classes, events and activities. We further acknowledge and understand that our son or daughter will be responsible for his or her failure to abide by the rules and regulations of the Sonoran Science Academy when participating in the above classes, events and activities.

Signature of either or both Parent(s)/Guardian(s):

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

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

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

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