

**DePaul School**  
Parental Permission Form



(Print Your Child's Name): \_\_\_\_\_

Media Release:

During my child's full tenure as a DePaul student, I give permission to have my child videotaped and/or photographed at activities associated with DePaul School. I understand that videotapes and/or photographs may be used for promotional purposes, including Facebook and our webpage. Furthermore, I understand that my child will receive no special compensation for appearing/participating in videotaping and/or photos.

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

\_\_\_\_\_  
Date

Physical Education and Recess Release:

During my child's full tenure as a DePaul student, I give permission for my child to participate in physical education and recess at DePaul School. Class activities will be non-contact, age appropriate and of a mild to moderate physical exertion level. I agree to hold DePaul School and its employees harmless for accidents that may occur in the course of daily activities. Physical ailments should be documented in writing with the school.

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

\_\_\_\_\_  
Date

Personal Device

During my child's full tenure as a DePaul student, I hereby release DePaul School of Northeast Florida and their personnel from any and all claim and damage of any nature arising from theft and damage to the property as it pertains to my child's utilizing his/her personal iPad, Kindle, Nook, mobile phone, or any other electronic equipment on the DePaul School campus.

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

\_\_\_\_\_  
Date

Accident Waiver and Release of Liability

During my child's full tenure as a DePaul student, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED with attending school at the DePaul School of Northeast Florida.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the school, THE FOLLOWING ENTITIES OR PERSONS: The DePaul School of Northeast Florida and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in school activity.

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

\_\_\_\_\_  
Date

DePaul School Student Handbook.

I acknowledge that my child and I have received and read the DePaul School Student Handbook, inclusive of the Code of Conduct. We agree to follow all policies and rules in the handbook. I am clear on the behavior expectations for students at DePaul.

Parent Signature: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

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