Student Open Gym Permission Form for Sugarloaf School

Student's Full Name: _____

Student's Grade: _____

Student's Date of Birth: _____

Parent/Guardian's Full Name: _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email Address: _____

Event Details:

- **Date of Open Gym:** Mondays and Wednesdays
- **Time of Open Gym:** 5-6:30pm
- **Location of Open Gym:** Sugarloaf School: 255 Crane Blvd. Sugarloaf Key, FL 33042
- **Activity:** volleyball, basketball and weight training

Permission:

I/We, the undersigned parent(s)/guardian(s) of the above-named student, hereby grant permission for my/our child to participate in the Open Gym at Sugarloaf School on the date(s) and time(s) listed above.

I/We understand that participation in the Open Gym involves physical activity and that there is a risk of injury. I/We acknowledge that the school and its staff are not responsible for any injuries that may occur during the Open Gym, provided that reasonable care is taken.

I/We confirm that my/our child is in good health and able to participate in the activities offered during the Open Gym. Please inform the supervisor of any medical conditions or allergies your child may have that may require special attention.

Release of Liability:

To the fullest extent permitted by law, I/we hereby release and hold harmless Sugarloaf School, its officers, employees, and volunteers from any and all liability for any injury or illness that may be sustained by my/our child while participating in the Open Gym.

Parent/Guardian Signature: _____

Date: _____