**2020 – 2021**

**OFF-CAMPUS P. E. APPLICATION**

**PARENT/ GUARDIAN PERMISSION TO PARTICIPATE AND**

**HOLD HARMLESS AGREEMENT**

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

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of School) Shreveport, LA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the

(STUDENT NAME)

following OFF-CAMPUS PHYSICAL EDUCATION ACTIVITY during the 2020 - 2021 school year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF OFF CAMPUS PE ACTIVITY

My child/student has my permission to travel to and from this Off Campus PE activity by private automobile. I understand that Caddo Parish Public Schools will not provide nor be responsible for transportation.

I understand that my child/student will receive supervision and instruction in the physical education activity/activities, however, due to the physical nature of these activities injuries can and do occur.

I agree to hold Caddo Parish Public Schools harmless from any and all injuries my child/student may sustain and from any other damage and expense that may occur as a result of his/her travel to and from these activities and/or as a result of his/her participation in these activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian)

BEFORE ME, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, A Notary Public, duly commissioned and qualified,

In and for the Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of Louisiana, therein residing, PERSONALLY CAME AND APPEARED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who did furnish to the undersigned

Sufficient information as to his or her identity and whose signature as the parent/guardian of the above-named student is hereinabove written.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Notary Public)