AGORA CYBER CHARTER SCHOOL

1018 W 8th Avenue, King of Prussia, PA 19406
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www.agora.org

STUDENT PERMISSION FORM AND RELEASE

Primary Teacher: _____ Date of Event: _____

Event Name & Location: _____

Student's Full Name:_____

Grade Level: _____ Student ID Number: _____

PERMISSION AND RELEASE:
I understand that all events/activities will involve transportation to and from the event and that the transportation may be provided by an entity other than Agora Cyber Charter School ("Agora"). I understand that the event may involve activities beyond the scope of traditional school functions and that participation in the event is purely voluntary. I understand that, while Agora takes reasonable steps to promote safety, there are inherent safety risks which cannot be eliminated by Agora.

I understand that Students participating in an Event must comply with the standards outlined in the Student Handbook and are subject to consequences for breaches of such standards as outlined in the Student Handbook's Code of Conduct.

I give permission for the Student to participate in the Event, including travel to and from the Event.

I, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby RELEASE Agora, its Board of Trustees, agents, employees, representatives, and volunteers from any and all liability, claims, damages, losses or injuries that may occur during the Student's participation in the Event, including travel to and from the Event.

I grant permission and authority for Agora and its employees to take whatever action is deemed necessary to safeguard the Student's health and well-being, including but not limited to, consenting to emergency medical care.

_____	_____	_____
Parent(s)/Guardian(s) Signature	Date	Home Phone #
_____	_____	_____
Print Name(s)	Work Phone #	Cell Phone #

EMERGENCY CONTACTS:
1. Name: _____ Phone: _____ Relationship to Student _____

2. Name: _____ Phone: _____ Relationship to Student _____

INSURANCE: I understand Agora Cyber Charter School does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

Insurance Carrier: _____

Medical Concerns: _____

_____

___ Yes ___ No Agora has my permission to use any pictures taken during this event for school purposes and/or for inclusion in the School Yearbook or other publications.