

**CodeMasters** AFTER SCHOOL  
**PERMISSION, RELEASE AND INDEMNIFICATION AGREEMENT**

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race & Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

I hereby release and waive, and further agree to indemnify, hold harmless or reimburse FEF from and against any and all claims, demands, damages, actions, causes of action, suits in equity of whatever kind or nature, which I, any other parent or guardian, any sibling, the child named above, or any other party may have or claim to have, known or unknown, directly or indirectly, for any losses, without limitation in time or amount, damages or injuries, whether caused by the negligence of FEF or otherwise, arising out of, during, or in connection with my child's participation in CodeMasters, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of an emergency, please list any medical conditions/injuries, medications, or allergies you would like the medical staff to be aware of:

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

Student's Health Insurance Carrier: \_\_\_\_\_ Policy/Member ID Number: \_\_\_\_\_

I give permission for any and all medical attention necessary to be administered to my child named above in the event of an accident, injury, sickness, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PHOTOGRAPHY/VIDEOTAPING PERMISSION**

I give my permission for my child named above to be interviewed, photographed, or videotaped for use in Florida Education Fund, Inc., and/or Opa-locka Community Development Corporation, Inc., web pages, publications, productions, or for use by the general news media for print or broadcast purposes, without compensation to me or my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STUDENT/PARENT HANDBOOK RECEIPT**

I have received the CodeMasters Student/Parent Handbook available online at [www.fefonline.org/code](http://www.fefonline.org/code). By signing this receipt, my child and I acknowledge that we have read and understand the Handbook contents and agree to follow all Program policies and rules of conduct.

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



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

