

7. For additional information concerning Hope of America, please consult their website at <http://www.freedomfestival.org> or contact them by telephone at (801) 818-1772.

Consent to Participate

The undersigned parent/legal guardian understands, acknowledges, and agrees:

1. The safety and well-being of students is our greatest concern at Nebo School District, and every reasonable effort is made to ensure that the Hope of America activities are conducted in a safe manner. However, as with all activities, there are certain unavoidable, unpredictable, and inherent risks and dangers that no amount of care, caution, or instruction can eliminate.
2. That I fully understand the nature of the Hope of America program and its preparatory activities.
3. That my student is expected, and has been instructed by me:
 - A. To follow all instructions given by school supervisors.
 - B. Not to leave or separate from the group without appropriate authorization from a school supervisor.
 - C. To follow all Nebo School District policies and to comply with all laws and ordinances.
 - D. To follow all school rules as they are considered applicable during the Hope of America activities.
 - E. To conform with usual and customary standards of good citizenship, good decorum, and common courtesy.
3. That Nebo School District does not carry any medical insurance coverage relative to the Hope of America activities or for injuries to my student.
4. That if my student has disabilities or requires special accommodations, those accommodations and instructions are attached to this form.
5. That if any emergency medical procedures or treatment are required for my student during the Hope of America activities, I understand that the school will make reasonable efforts to contact me. In the meantime, I consent to the school supervisor(s) taking, arranging for, and consenting to the procedures or treatment for my student in the supervisor's discretion. I will pay all costs of any such medical procedures or treatment.

I understand and agree to the foregoing provisions contained in this "Hope of America Consent Form," and give consent and permission for my student to participate in the Hope of America program and its preparatory activities.

DATED AND SIGNED this _____ day of _____, 20__.

Student's Name (Please Print)

Signature of Parent/Legal Guardian

Parent's/Legal Guardian's Name (Please Print)