



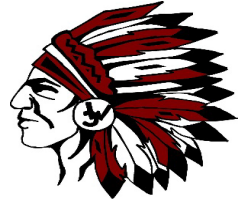
Wichita County Junior-Senior High School

800 West Broadway, Drawer K

Leoti, Kansas, 67861

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RELEASE OF LIABILITY FOR OPEN LUNCH HOUR FOR WCHS STUDENTS

GRADES 9-12 ONLY

This release is made in favor of Wichita County Jr/Sr High School, U.S.D. 467, Wichita County, Kansas hereinafter referred to as RELEASEE SCHOOL DISTRICT.

In consideration for this release of liability permission is hereby given by the parent, to allow their Wichita County High School student(s) to participate in the open lunch period and be allowed to leave the school building and **drive or ride in a vehicle** during the lunch period at WCJSHS.

In consideration for allowing my child or children to leave the school building and school supervision during the lunch period, I/we release the school district from any liability or responsibility for damages of every kind, nature or description now existing or which may arise from any physical or mental injury, losses, whether intentional or unintentional, to said child's person, property or both, arising from any act, event or third party's action that may result in injury or harm to said child while they are released during the lunch period.

I understand that my child or children will not be supervised during the open lunch period if he/she is allowed to leave the school building. In addition, I further understand that my 9th – 12th grade child **IS ALLOWED TO DRIVE OR RIDE IN SOMEONE ELSE'S VEHICLE DURING THE LUNCH PERIOD.**

I/we, the undersigned, have read and understand this consent and release of liability, and do hereby consent and request that our child participate in the open lunch period, and is able to leave and drive or ride in a vehicle from WCJSHS building during the open lunch period.

_____	_____	_____
Student's Name (printed)	Student's Signature	Date

_____	_____	_____
Student's Name(s) (printed)	Student's Signature	Date

_____	_____	_____
Student's Name(s) (printed)	Student's Signature	Date

_____	_____	_____
Parent/Legal Guardian Name (printed)	Parent/Legal Guardian Signature	Date

_____	_____
Address	City, State, Zip