



FAIRFAX COUNTY PUBLIC SCHOOLS

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK (SEGWAY USE)

I hereby grant permission for my son/daughter to ride on a Segway that is the property of Thomas Jefferson High School.

I understand that participation in this activity is completely voluntary. I also understand that this activity will take place after school hours and will be supervised at all times. My son/daughter will be required to wear a helmet, and the Segway will not be used within the school building. Also, I understand that Fairfax County Public Schools does not provide any insurance for this activity. I have had an opportunity to have all my questions satisfactorily answered by my child's teacher, concerning this activity.

Date

Print Student Name

Print Parent/Guardian Name

Parent/Guardian Signature