

_____ **SCHOOL DISTRICT**
INFORMED CONSENT AND RELEASE OF LIABILITY

I desire to voluntarily participate in a voluntary _____ **Event to be held at**
_____ **School of the** _____ **Unified School District.** I acknowledge that my participation in this Event has inherent risks, including risks that could cause property damage, personal injury, disability, or even death. I am medically, physically and in all other respects, fit and fully able to participate in this Event. I have no special medical requirements or conditions except those that my doctor has advised me will not in any way interfere or hinder my participation in the Event. I understand that medical personnel will not be present at the Event. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I assume voluntarily all of the known and unknown risks in my participation in this Event. In consideration of being allowed to participate in the Event, I hereby agree to release, indemnify, defend, and hold harmless _____ School District and its officers, directors, associates, employees, agents, successors, and assigns ("Staff") from any and all claims, demands, actions or causes of action whatsoever, and from any and all liability, loss, damages, costs and expenses ("Losses") arising from or related to my acts or omissions or participation in the Event, including but not limited to any property damage or personal injury or disability of any kind or nature, or description including death, and/or attorneys' fees and expenses of litigation and settlement. This release shall be binding upon my heirs, administrators, executors and assigns.

I understand that by signing this document I am fully releasing _____ School District and its Staff from any known and unknown claims and I expressly waive and release any right or benefit which I may have under California Civil Code Section 1542. I understand and acknowledge the significance and the consequences of such release, as well as the specific waiver of Section 1542. Section 1542 provides that:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of execution of the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I further understand that participation in this event at _____ School of the _____ School District is strictly voluntary and that neither _____ School District's general liability insurance nor workers' compensation insurance will cover injuries arising out of my voluntary participation in this Event. Therefore, I am solely responsible for the cost of treatment for any injuries or other damages sustained while participating in this Event.

I acknowledge that I have read and understand the Informed Consent and Release of Liability and understand that this release is being relied upon by _____ School of the _____ School District in permitting me to participate in this Event.

Signature _____

Name (please print) _____

Date _____ Title _____

If participant is under 18 years of age, parent or legal guardian must sign below.

Signature of Parent or Legal Guardian _____

Printed Name of Parent or Legal Guardian _____ Date _____