

_____ **School District**

**WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY HIGH RISK ACTIVITY**

Student's Name: _____

School Name: _____

Description of Field Trip or Activity: _____

Date(s): _____

Student's Swimming Ability Level: _____
(Please Describe if Applicable)

By my signature below, I hereby give permission for my son/daughter to participate in the above described field trip or activity. I realize that this activity is voluntary and is not a mandated requirement of the _____ School District (District) curricular or extra-curricular program. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a higher than normal risk of bodily injury or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the _____ School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action.

Health or special needs: Check as appropriate.

	My child has no special health needs the staff should be aware of, and no medication is required on the trip.
	My child has a special need, and instructions are attached. Number of attached pages: _____.
	Other:

In the event of illness or injury, I give permission for my child to be treated by a physician and/or dentist. Please check one.

_____ Yes _____ No

If "yes" was checked, in the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I acknowledge that it will be my responsibility to pay for such medical/dental services.

