School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY NON-SCHOOL SPONSERED ACTIVITY

Student's Name:		School		
Description of Activity:				
Date(s) of Activity/Program: _				
By my signature below, I hereby grealize that this activity is voluntary District curricular or extra-curricular document that they are aware that s of personal injury, bodily injury, pr or herself, or be injured by other acknowledges being aware of the risk	y and is not a malar program. The uch a program of coperty damage of participants in	andated requirement of thehe undersigned is specifically a finstruction or participation in sor wrongful death, and that the related to the activity. The u	aware and configueh an activity andersigned's change is s	School rms by executing this may present a high risk aild may injure himself pecifically aware and
For and in consideration of permitti hereby voluntarily releases, discharbodily injury, property damage or engaging in said activity or any acperiod said activities may continue assigns hereby release, waive dischafor him/herself and for his/her est administrators and assigns prosecute death against the employees for any of said causes of The undersigned hereby acknowl his/her child, as stated, and expresieve the District, its Board, off property damage or wrongful deactivity. I have read the foregoin involved in this activity and I am in the said causes of the control	ges, waives and a wrongful death of tivities incidental at the undersignarge and relinquitate, and agrees te, present any contact action. The deges that he/sleessly acknowled icers, agents, and ag and have vol	relinquishes any and all actions occurring to him/herself arising all thereto wherever or however ned does for him/herself, his/hish any action or causes of action that under no circumstances we laim for personal injury, bodily. School District, its Board, or the knowingly and voluntarily dges their intention, by executed employees, from any liabilitarise out of or in any way be untarily signed this agreement.	or causes of activities in any way where the same may dere heirs, executed in, aforesaid, where will he/she or his injury, propert any of its office assumes all rist ting this instructive for personal connected with it. I am aware	ion for personal injury, atsoever as a result of occur and for whatever ors, administrators and ich may hereafter arise s/her heirs, executors, y damage or wrongful ors, agents, servants, or the soft bodily injury to ment, to exempt and injury, bodily injury, the above-described of the potential risks
Parent/Guardian Signature	Date	Student's Signature		Date
Parent/Guardian Name (Please Print)		Student's Name (Please Print)		
Street Address		City	State	Zip
Home Telephone Number Work	Telephone Num	aber		
=======================================		Office Use Only ======		======
Verified by		Date		

I