## \_\_\_\_\_ SCHOOL DISTRICT

## RELEASE, WAIVER, AND INDEMNITY AGREEMENT

I,, voluntarily elect toSchool l	ocated at	(insert	school address)	
my child will be unsupervised given that District my child and until District personnel are available I knowingly and voluntarily assume all risks to/for District staff is available. In addition, I hereby reall actions or causes of action for personal injury death against the School District, it The undersigned does for him/herself, his/her heir release, waive, discharge, and relinquish any action hereafter arise for him/herself and for his/her estate he/she or his/her heirs, executors, administrators personal injury, bodily injury, property damage or its officers, employees, agents, and volunteers for shall arise by the negligence of any of said persons	staff is unaverto supervise or my child blease, waive, by, bodily injust officers, etc., executors, on or cause te, and agree and assigns a wrongful dany of said of any of said of the supervise	wailable at the tomy child. I fully up to the time to discharge, and arry, property damployees, agen administrators is of action, afor so that under no prosecute, preeath against the causes of action	y acknowledge that that supervision by relinquish any and amage or wrongful ts, and volunteers. and assigns hereby resaid, which may circumstances will sent any claim for a District or any of	
The undersigned further expressly agrees that t agreement is intended to be as broad and inclusi California and that if any portion thereof is held notwithstanding, continue in full legal force and ef signs the release, waiver, and indemnity agreement statements, or inducement apart from the foregoing	ve as is per d invalid, it fect. The un ent and furth	mitted by the l is agreed that dersigned has re ter agrees no or	aw of the State of the balance shall, ead and voluntarily ral representations,	
The undersigned hereby acknowledges that he/she bodily injury to his/her child, as stated, and express this instrument, to exempt and relieve the District, from any liability for personal injury, bodily injury arise out of or in any way be connected with the foregoing and have voluntarily signed this agreem in allowing my child to leave the District facility consequences of signing this instrument. I further transportation for this program, nor does the District this activity.	its officers, y, property de above-de ent. I am aw unsupervisec acknowledge	edges their interemployees, age amage or wrong scribed activity are of the poter and I am fully that the District	ntion, by executing nts, and volunteers gful death that may . I have read the ntial risks involved aware of the legal ct does not provide	
Parent/Guardian Signature	Participant S	Participant Signature (if age 8 or above)		
Parent/Guardian Name (Please Print)	Date	Day Tim	e Phone Number	
Street Address	City	State	Zip Code	