

SCHOOL DISTRICT

ADULT MEDICAL TREATMENT AUTHORIZATION WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Participant: _____

Description of Activity: _____

Date(s) of Activity: _____

By my signature below, I realize that this activity is voluntary. I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. For and in consideration of participation 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 him/herself 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 District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual not being allowed to participate in the activity.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. **I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in this activity.**

Health or special needs: Check as appropriate.

	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages: _ .
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation and hospital care 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.

Participant Signature

Participant Name (Please Print) Date

Telephone Number

Street Address

City State Zip Code