_____School District Program Student Waiver and Release Form

	knowledge that place that place that such that while enrolled in the second tension of t	Program at the participation in the course(s) prese acknowledges that course in the course. The Student also acknowledges	District, the nts a risk of bodily injury activity will include nowledges that the course	
The undersigned Student voluntarily of action for personal injury, bodily in any way whatsoever as a result of however the same may occur and for him/herself, his/her heirs, executors any action or causes of action, afor agrees that under no circumstances present any claim for personal inSchool Deany of said causes of action. The present any of said causes of action.	injury, property of engaging in s or whatever peri , administrators esaid, which ma will he/she or hi njury, bodily i istrict, its Board	damage or wrongful death occurraid activity or any activities incided od said activities may continue. If and assigns hereby release, waive ty hereafter arise for him/herself as/her heirs, executors, administrate injury, property damage or wro, or any of its officers, agents, see	ing to him/herself arising ental thereto wherever or The undersigned does for discharge and relinquish and for his/her estate, and ors and assigns prosecute, ngful death against the ervants, or employees for	
sole negligence or willful misconduc				
Health or special needs: Check as appro	priate.			
	Participant has no special health needs the staff should be aware of, and no medication is			
Participant has a special need, and instructions are attached. Number of attached				
pages: Other:	pages: Other:			
<u> </u>				
In the event of illness or injury, I do hereby treatment and hospital care and emergence surgeon, or dentist and performed under the or dental services.	cy transportation co	onsidered necessary in the best judgmen	nt of the attending physician,	
I have read the foregoing and have vin the course activity and I am fully				
Student's Signature	Date	Parent/Guardian Signature	Date	
Student's Name (Please Print)		Parent/Guardian Name (Please Print)		
·				
Street Address				
City State	ZIP	()		