School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK

Student's Name:	
Description of Activity:	
Date(s) of Activity/Program:	
Please Describe Student's Swimming Ability Level:	

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a high risk of personal injury, bodily injury, property damage or death.

For and in consideration of permitting the above named student 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 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, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

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 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.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Street Address

Home Telephone Number

Verified by _____

Date ____