

VOLUNTARY ACTIVITY WAIVER RELEASE & INDEMNITY AGREEMENT

For and in consideration of permitting _____ (Student Name) to participate in **ACTIVIES/ATHLETICS 2019-20**, undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his 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 estate, and agrees that under no circumstances will he or his heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Liberty Union High School District for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF _____ (Parent/Guardian Name) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE LIBERTY UNION HIGH SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, DANGEROUS CONDITION OF PUBLIC PROPERTY AND ANY OTHER POTENTIAL CAUSE OF ACTION.

The undersigned, for him/herself, his heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Liberty Union High School District, he/she shall indemnify and save harmless the Liberty Union High School District from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the use of athletic facilities, and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant)

Date

Signature (Parent/Guardian)

Date

Student Information:

Home Address:

Home Phone Number:

Doctor's Name:

Address:

Insurance Policy Group:

Policy Number:

Doctor's Phone Number:

Dentist Name:

Dentist Phone Number:

Student Allergies:

Current Medication that your student is on:

Emergency Contact Name:

Relationship to Student:

Phone Number:

Emergency Contact Name:

Relationship to Student:

Phone Number:

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing. I understand that by signing below I am giving permission for my student to participate in the activity and I am giving medical authorization.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date