

Los Gatos Union School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY HIGH RISK ACTIVITY

Student's Name: _____

School Name: RJ FISHER MIDDLE SCHOOL

Description of Activity: **INFLATABLE OBSTACLE COURSE, INFLATABLE GAMES, AND
FIELD GAMES AT SCHOOL CARNIVAL.**

Date: **JUNE 1, 2016**

By my signature below, I hereby give permission for my son/daughter to participate in the above described study trip or activity. I realize that this activity is voluntary and is not a mandated requirement of the Los Gatos Union School District (District) curricular or extra-curricular program. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a higher than normal risk of bodily injury or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participant 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 his/her child 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 Los Gatos Union School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action.

In the event of illness or injury, I give permission for my child to be treated by a physician. Please check one.
 Yes No

If "yes" was checked, 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 acknowledge that it will be my responsibility to pay for such medical/dental services.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury or wrongful death to his/her child, as stated. I agree to exempt and relieve the District, its Board, officers, agents, and employees, from any claims for 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 higher than normal risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature Date

Student's Signature Date

Parent/Guardian Name (Please Print)

Street Address

City State Zip Code

Home Telephone Number

Work Telephone Number