



Northshore School District

F-5

Assumption of Risk/Permission to Participate

Parent Name: _____

Student Name: _____

Program or Activity: _____

Dates of Program/Activity: _____

In consideration of the opportunity for my child to participate in the above program/activity, I hereby agree to ASSUME ALL THE RISKS associated with his/her independent travel and participation in this program.

I agree to defend, indemnify and hold the Northshore School District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the activity, except for injuries and damages caused by the *sole negligence* of the District.

I release, waive, discharge and relinquish Northshore School District, their respective officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event/activity, whether same shall arise by their negligence or otherwise.

I, for myself, my heirs, administrators, executors, and assignees, agree that I will never prosecute, or in any way, aid prosecuting, and demand, claim or suit against the Northshore School District, or any of its officers, employees, or agents acting officially or otherwise, for any loss, damage, or injury to my person or property, that may occur from any cause whatsoever, as a result of taking part in the above described activities. I further agree that if any part of this ASSUMPTION OF RISKS AND RELEASE is held void, the remainder shall continue in full force and effect.

I understand and agree that I am assuming the risk of any personal injury to me, or property damage to my property that may result while taking part in these activities. I further aver, declare, certify, and subscribe that I have voluntarily agreed to this exculpation agreement and that I have not been forced to sign said agreement through coercion or duress.

By signing this ASSUMPTION OF RISKS AND RELEASE form, I acknowledge that I have read its contents and warning, that I understand its contents and warning, and that I agree to its terms.

Signature of Parent

Date

Signature of Student

Date

Distribution:

- Original to _____ High School
- Copy to Child's Parent(s)