Release of Liability for Student

I, in consideration for myself and child, who is under the age 18, permitted by Campbell City Schools to participate at the CLWCC Fitness Center, for myself, my child, my heirs, successors and assigns, and personal representatives, hereby release and discharge Campbell City Schools, it's members, officers, employees, and agents from any and all claims, actions, suits, proceedings, costs, expenses, damages, and liabilities arising out of, compiled with or resulting from my child's participation at CLWCC Wellness Center, including, without limitation, any injuries or damages.

I agree for myself, my child, and my heirs, distributes, legal representatives and assigns that in the event that any claims for personal injury, death, or property damage shall be prosecuted against Campbell Local Schools, it's members, officers, employees, or agents, I shall indemnify and hold harmless Campbell City Schools, it's members, officers, employees, or agents from any and all such claims or causes of action by whomever made and wherever presented.

I have read this Release of Liability form. I fully understand its contents. I am aware that this is a release of liability. I sign same of my own free will.

_____ _____

Signature of Parent/Guardian Date

_____

Print Name Signed Above

_____ _____

Student Signature Date

_____

Printed Name Signed Above