

**CONEWAGO VALLEY SCHOOL DISTRICT
PARENTAL WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for allowing my child, _____, to participate in _____ (name of activity) and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE Conewago Valley School District (CVSD), the Board of Directors, the Commonwealth of Pennsylvania, their officers, servants, agents, employees, and volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, my child can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily allow my child to participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to my child and our property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by me or my child, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may be incurred due to my child's participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Parental Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if any), and any heirs, assigns and personal representative and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania. I agree that the courts having jurisdiction in Adams County, Pennsylvania, shall be the appropriate venue for any dispute involving this Parental Waiver of Liability and Hold Harmless Agreement.
5. I UNDERSTAND THAT CVSD WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY MY CHILD MAY SUSTAIN. I acknowledge that my child has adequate health insurance coverage to cover any injury sustained by my child while participating in the activity and have provided CVSD with a copy of my child's health insurance card.
6. I further agree to become familiar with the rules and regulations of CVSD and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by CVSD to obtain accident insurance to cover any personal injury to my child which may be sustained during the activity or the transportation to and from said activity.
8. I ALSO UNDERSTAND THAT THE PARTICIPANTS ARE INDIVIDUALLY RESPONSIBLE FOR DAMAGE TO THE FACILITIES. CVSD IS NOT RESPONSIBLE FOR THE ACTIONS OF ANY THIRD PARTY.

POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in any CVSD sponsored program. Some of the possible injuries and bodily harm which can occur through participation in the programs are listed below. This list is provided as information to make the prospective participant aware of the possibilities of injuries which may be sustained.

POSSIBLE INJURIES: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in an extreme case-death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN INJURIES: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdomen, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain.

I have reviewed the above information and am aware of the risks in participating in CVSD sponsored programs and the possible injuries which may occur. I freely and voluntarily agree to allow my child to participate in any and/or all of the activities which are offered in the _____ (name of activity).

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Parental Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 201__.

Parent/Guardian
(Must be at least 18 years of age)

MEDICAL TREATMENT PERMISSION FORM

Student's Name _____

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the CVSD employee in charge of the program my lawful agent with power to authorize and consent to the administration of medical treatment to my child during the aforementioned program.

Home Phone (_____) _____ Alternate Phone (_____) _____

Health Insurance Carrier: _____ Policy No.: _____

Other Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions: _____

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to my child as deemed appropriate. I will assume full responsibility for any medical treatment provided to my child as deemed appropriate. I will assume responsibility for any medical bills incurred on behalf of my child.

Parent/Guardian
(Must be at least 18 years of age)