



**Waiver & Release Form**      **Name of Participant** \_\_\_\_\_

Release of Liability I recognize and acknowledge that there are certain risks of physical injury to participants and I agree to assume the full risk of any injuries, damages or loss regardless of severity which my son may sustain as a result of participating in any and all activities connected with the program. I agree to waive and relinquish all current and unknown future claims my son may have against MVCSD and its officers, trustees, agents, employees and volunteers as a result of participation in the program. I do hereby fully release and discharge MVCSD and its officers, trustees, agents, employees and volunteers from any and all claims from injury, damage or loss arising from the activities of the program. I further agree to indemnify and defend MVCSD and its officers, trustees, agents, employees and volunteers against, and hold them harmless from, any and all claims resulting from injuries, damages, and losses sustained by my son arising out of, connected with, or in any way associated with the activities of the program.

**Photography Release**

I give permission for my son's picture to be used in advertisements and on the website of MVCSD. I have read and fully understand the above Release of Liability and Photography Release.

**Signature of Parent or Guardian** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_