RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT FOR SCHOOL/ ATHLETIC ACTIVITIES

WESTERN PLACER Unified School District

Name of Student:_____ Date of Activity: _____

Activity:_____ School Site:_____

I/We, the undersigned, understand and acknowledge that my child the above-named student, has voluntarily chosen to participate in the above-named school district-related activity(ies) at their own risk. I/We know and fully understand that said school-related activity(ies) may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the school related activity(ies) involves physical contact or not, any activity(ies) may have inherent risks of injury which are inseparable from the activity. I/We acknowledge and willingly assume all risks and hazards known and unknown, of potential injury, paralysis, and death in the school related activity(ies).

I/We, the undersigned, understand and acknowledge that school-related activity(ies) contain potential risks of harm or injury. Injuries might arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by the district employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries, whether or not caused by the student's participation. All such risks are deemed to be inherent to the student's participation in school related activities.

In consideration for School District, allowing the above-named student to participate in the school-related activity(ies) specified above, I/We voluntarily agree to release, waive, discharge, indemnity and hold harmless the School District and its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student illness, injury, death or damages of any nature in any way connected with the student's participation in the school-related activity(ies). I/We also expressly agree to release and discharge School District, its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my child may participate in the school-related activity(ies) designated above and I sign the release on their behalf. In signing this document, I fully recognize and understand that if my child is hurt, dies, or their property is damaged, I am giving up my right, the right of my child, and the right of their heirs to make a claim or file a lawsuit against the School District, its trustees, officers, employees, and agents or expect them to be responsible to pay for any damages.

In consideration for School District allowing the above-named student to participate in the school-related activity(ies) specified above, and/or transportation services, I/We, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release, covenant not to sue, discharge, and hold harmless the School District, and any officials, employees, volunteers, and/or representatives thereof ("Releasees"), of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence or other conduct of School District, its officials, employees, volunteers, agents and/or representatives.

By signing below, I/we acknowledge that I/we: (1) have read this document and understand that I/we give up substantial actual or potential rights in order to allow the above-named student to participate in the school-related activity(ies) and any associated field trip or excursion; (2) have voluntarily signed as evidence of acceptance of this Agreement without any inducement or assurance of any nature, with full appreciation of all risks inherent in the school-related activity(ies); (3) have no question regarding the scope or intent of this Agreement and I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a release of all claims.

*Disclaimer: By typing your name in the Signature, you are signing this electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

(Printed Name of Participant/Student)	*(Signature)	Date
(Printed Name of Parent/Guardian)	*(Signature)	Date

Emergency Contact Information: CONTACT #1

Printed Name of Emergency Contact	Relationship to Student	Best Contact Number

Emergency Contact Information CONTACT #2

Printed Name of Emergency Contact	Relationship to Student	Best Contact Number