

# OPEN GYM LIABILITY RELEASE AGREEMENT

## Lambert School District

It is the policy of the Lambert School District to require a signed liability release before allowing anyone to participate in a non-school activity on school property.

I/We fully understand that some activities involve inherent risks to me/my child regardless of reasonable safety measures that may be taken by the District. In consideration of the District's agreement to allow me/my child to participate in open gym, I agree to accept responsibility for any loss or injury to me/my child that occurs during my/my child's participation that is not the result of fraud, willful injury or the willful or negligent violation of a law by a trustee, employee or agent of the School District.

I/We agree that if the District's rules and regulations are not complied with, the District may deny me/my child the privilege of participation in non-school activities that take place on school property;

I/We agree to release, indemnify and hold harmless there from the District, for itself, officers, Board members, administrators, employees, agents, sureties, assigns, successors, insurers, and indemnitors from any and all sums of money, accounts, suits, proceedings, claims, causes of action, rights, damages, attorneys' fees, costs and demands of any nature whatsoever, whether real or contingent, known or unknown, direct or indirect, liquidated or otherwise, arising out of or relating in any way to my/my child's participation in non-school activities that take place on school property.

Name of Person Participating: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If the individual using the school facilities is under the age of 18, the parent/legal guardian must sign this Form.*

I/We agree to retain and to have in place at all times an insurance policy that covers any loss, damage, or injury to me/my child and by executing this agreement state affirmatively that I/We have such insurance;

In the event it becomes necessary for the School District staff to obtain emergency care for me/my child, neither he\she nor the School District assumes financial liability for expenses incurred because of an accident, injury, illness and\or unforeseen circumstances.

*Emergency Contact Information: Name of Person to be Contacted:*

\_\_\_\_\_

*Phone Number:* \_\_\_\_\_