



**CHANDLER UNIFIED SCHOOL DISTRICT  
ATHLETIC DEPARTMENT**

**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK.  
RELEASE AND INDEMNITY AGREEMENT**

I have asked to be allowed to participate in the Summer programs/activities with the Chandler Unified School District. I understand that the school district does not provide health insurance for me or my child during his or her participation in the program. I understand that I may be involved in sport specific training, competitions, and workouts at various locations, including high school weight rooms and gyms in and outside of the school district. I may engage in other forms of exercise and/or competition against various Arizona Interscholastic Association Member schools.

I acknowledge that such activities may involve many RISKS and DANGERS, including, but not limited to risks of injury from the activity, or from other participants or from the nature of such activities. I recognize that INJURIES ARE A COMMON AND ORDINARY OCCURRENCE. I have made a voluntary choice to participate in these activities despite the risks and dangers that these activities present and to assume the risk of participation. In consideration of my being permitted to participate in CUSD summer activities, I expressly and unconditionally agree to ASSUME ANY AND ALL RISK OF INJURY OR DEATH, which might be associated with or result from my participation in these activities.

I hereby unconditionally RELEASE FROM ANY AND ALL LIABILITY AND AGREE NOT TO SUE, TO INDEMNIFY AND HOLD HARMLESS the Chandler Unified School District, as well as their representatives, agents, affiliates, partners, officers, directors, and employees from any claims for medical expenses, damage, injury or death to myself, or to any person or property, arising out of, or in connection in any way with my participation in CUSD Summer programs/activities.

I have read and I understand this agreement and all of its terms. I understand that this is a legally binding ACKNOWLEDGMENT AND ACCEPTANCE OF RISK, RELEASE, AND INDEMNITY AGREEMENT, which bars me or any person on my behalf from recovering any damages in any lawsuit in the event of my injury or death except for gross negligence or intentional conduct. I am entering into this agreement freely and voluntarily and I agree that it is and shall be binding on me, my heirs, assigns and legal representatives.

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

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

*If a minor, Parent must sign:*

I am signing this liability release on behalf of a minor (less than 18 years of age)(the “child”): I represent that I am the parent and/or legal guardian of such child; I join in this release and accept responsibility for all the child’s medical expenses incurred in connection with the program; I agree to indemnify the released parties for any and all claims whatsoever brought by the child or the child’s parents; and I agree to indemnify the released parties for any and all claims whatsoever brought by a third party arising in connection with the activities of the child from participation in CUSD Summer programs/activities.

Print Name of Parent or Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_