RIVERSIDE UNIFIED SCHOOL DISTRICT

WAIVER AND RELEASE AGREEMENT FOR PARTICIPATION IN A VOLUNTARY DISTRICT SPONSORED ACTIVITY

Participant Name: _____

Name of School (Venue): Martin Luther King High School

Description of Activity/Event: _____

Date(s) of Activity/Event: _____

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I understand that this activity is a voluntary District sponsored activity. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that District supervision is being provided for the above-described activity. I acknowledge that the District is not providing transportation. I further acknowledge that the District does not provide medical coverage for participants in this activity.

For and in consideration of permitting the above named participant to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities mat continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board or any of its officers, agents, or employees for and of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature	Date	Participant Signature	Date
Parent/Guardian Printed Name		Home Phone Number / Alternate Phone Number	
Street Address	City	State	Zip Code