

_____ (Entity Dept)
Describe Activity: _____

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT
MINOR

In consideration of the minor child being permitted by the above district to participate in the above described activity, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that:

1. This release is intended to discharge in advance the district, its officers, employees and agents from and against any and all liability, even arising out of its/their own negligence or carelessness, connected in any way with the participation of the minor child in said activity;
2. the described activity may be of a hazardous, strenuous, and/or physical nature;
3. participation in the described activity may occasionally result in injury, death, or property damage;
4. knowing the risks involved, nevertheless each of us has requested permission for the minor child to participate in the above described activity;
5. we assume all risks of injury, and release and hold harmless the above district, its officers, employees and agents (even for their own negligence or carelessness);
6. this waiver, release and assumption of risk is to be binding on the heirs and assigns of each of the undersigned;
7. we will indemnify and hold the district harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which said minor may sustain while participating in said activity;
8. we will make good any loss or damage or cost the above district may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf;
9. in the event that said minor requires medical or surgical treatment while under the supervision of said district personnel in connection with the described activity, such supervisor may authorize treatment;
10. we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment;
11. we expressly permit said minor child to travel by private automobile to activities and events related to the above described activity.

I certify that I have custody or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above district, and that I sign it of my own free will.

Name of participant: _____ Date of Birth: _____

Signature of participant: _____ Date: _____

Signature of father: _____ Date: _____

Signature of mother: _____ Date: _____