WAIVER, RELEASE AND INDEMNITY AGREEMENT
FOR PARTICIPATION IN VOLUNTARY TRIP WITHOUT TRANSPORTATION

Participant Name (please print):_____

Description of Activity: _____

Date(s) of Activity:_____

Transportation is Not Provided by School

By my signature below, I hereby acknowledge that I desire and permit my son/daughter to participate in the above-described activity. I understand that this activity is entirely voluntary and is *not* required for any credit or grade. I further 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 no District/School authorized supervision or oversight is being provided for the above-described activity, other than during stated limited periods. I am aware and acknowledge that I am responsible for the transportation arrangements for this activity and acknowledge that the District/School is providing no transportation, the parent/guardian has complete and sole responsibility for all transportation arrangements.

For and in consideration of permitting the above named child 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 may 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/School or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

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/School, its 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. I further acknowledge that the District/School does not provide medical coverage for participants in this activity.

_____	_____
Parent/Guardian Signature	Participant Signature
_____	_____
Parent/Guardian Name (Please Print)	Date Phone Number
_____	_____
Street Address	City State Zip Code