## **Sonora Union High School District**

## WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY HIGH RISK ACTIVITY

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School Name: SONORA HIGH SCHOOL	
Description of Field Trip or Activity:	_
Date(s):	_
By my signature below, I hereby give permission for my son/daughter to participate in the above described field trip or activity that this activity is <u>voluntary</u> and is not a mandated requirement of the Sonora Union High School District curricular or extraprogram. The undersigned is specifically aware and confirms by executing this document that they are aware that participation activity presents a higher than normal risk of bodily injury or wrongful death, and that the undersigned's child may injure herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being the risk that he or she may be hurt or injured by participating in any aspect of this activity.	curricular in such an nimself or
For and in consideration of permitting the above named child to participant in the activity described above, the undersign voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bod property damage or wrongful death occurring to his/her child arising in any way whatsoever as a result of engaging in said activativities incidental thereto wherever or however the same may occur and for whatever period said activities may contiundersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relination or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Sonora Union High School District, its Board, or any of its officer servants, or employees for any of said causes of action.	ily injury, vity or any nue. The iquish any under no ry, bodily
Health or special needs: Check as appropriate.	
My child has no special health needs the staff should be aware of, and no medication is required.	
My child has a special need, and instructions are attached. Number of attached pages:	
Other:	

If "yes" was checked, in the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I acknowledge that it will be my responsibility to pay for such medical/dental services.

In the event of illness or injury, I give permission for my child to be treated by a physician and/or dentist. Please check one.

\_\_\_ Yes \_\_\_No

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The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury or wrongful death to his/her child, as stated. As provided for in the California Education Code Section 35330, I agree to exempt and relieve the District, its Board, officers, agents, and employees, from any claims for 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 the foregoing and have voluntarily signed this agreement. I am aware of the higher than normal risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature Date  Date  Parent/Guardian Name (Please Print)			Student's		Signature
		Student's Name			
Street Address		City	State	Zip Code	
Home Telephone Number		Work Telephone Number			
Cell Telephone Number					

Waiver, Release & Indemnity 8/07