LAS VIRGENES UNIFIED SCHOOL DISTRICT

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

Student's Name:	School:
Description of Activity:	
Date(s) of Activity/Program:	

By my signature below, I hereby give permission for my son/daughter to participate in the activity described above. I realize that this activity is <u>voluntary</u> and is not a mandated requirement of the Las Virgenes Unified School District (District) curricular or extra-curricular program. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity could present a risk of personal injury, bodily injury, property damage or wrongful death, and that the student could injure himself or herself, or be injured by other participants, or be injured by the activity. The undersigned is specifically aware and acknowledges being aware of the risk that the student could be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named student 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 student 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 or wrongful death against the District, its Board, or any of its officers, agents, servants, employees or volunteers for any of said causes of action. 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, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, employees and volunteers 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 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.

Date	Student's Signature	Date	Parent/Guardian Signature
	Student's Name (Please Print))	Parent/Guardian Name (Please Print)
	Home/Cellular Telephone		Street Address
	Work Telephone		City, State Zip
_			City, State Zip