

SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT

WAIVER and RELEASE AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY HIGH RISK ACTIVITY

Participant's Name: _____

Description of Activity: Cheerleading Tryout Clinic, Tryouts, April/May/June New Squad Practices

Dates(s): _____

By my signature below, I hereby agree to participate in the above described activity. I realize that this activity is voluntary and is not a mandated requirement of the Saddleback Valley 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 presents a higher than normal risk of bodily injury or wrongful death, and that the undersigned my injure himself or herself, or be injured by other participants related to the activity.

For and in consideration of my participation 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 or 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 Saddleback Valley Unified School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action.

In the event of illness or injury, I give my permission to be treated by a physician. Please check one:

YES NO

Insurance Company _____ Subscriber ID # _____

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 judgement 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.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury or wrongful death occurring or arising from the activity described above. I agree to exempt, relieve and hold harmless 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.

Print Parent/Guardian Name Signature Date

Street Address City State Zip

Home Phone Number Cell Phone Number

In the event of an emergency, AFTER CONTACTING THE PARENT, please contact:

_____ Home Phone () _____

Work Phone () _____