

Williamsburg-James City County Public Schools

Participation Release of Liability and Assumption of Risk Agreement

Read Entire Page Before Signing

Name of Activity/Program _____

Location/School: _____

School Year: 20____ -20____

Participant Name _____

Email _____

Print Name

Print E-Mail Address

In consideration of being allowed to participate in any way in the program, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and/or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and assume full responsibility for my participation.
3. I willingly agree to comply with all terms and conditions for participation. If I observe any hazard during my presence or participation, I will remove myself from participation and bring such information to the attention of the nearest Instructor immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Williamsburg James City Public Schools, its officers, officials, agents and/or employees, other participants, sponsors and its officers, agents, servants and employees, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), from any and all claims, demands, losses, and liability arising out of, or related to, any INJURY, DISABILITY, OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.
5. In the case of a life-threatening or serious accident or illness, I (parent or guardian) ask that the school contact me. In such case, I give permission for a rescue squad to transport my child to the closest medical facility. Should this occur, I give my permission for the medical facility to treat my child at my expense.
6. I give permission for my child to be videotaped or photographed while participating in a SHIP club or activity, and I give permission for SHIP to use the videotape and/or photographs in brochures, newspaper articles, on the school division's and SHIP's website, Facebook, Twitter, on Public television channels 47 and 48, and in other local media outlets.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature

Date

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For PARENTS/GUARDIANS of PARTICIPANT of MINOR AGE (under Age 18 at time of Registration)

This is to certify that I, _____, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release of all Releasees, as provided above of, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature

Date

Emergency Phone Number(s)