LAS VIRGENES UNIFIED SCHOOL DISTRICT

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

Name: _____

Description of Activity: _____

Date(s) of Activity/Program: _____

By my signature below, I hereby agree to participate in the activity described above. I realize that this activity is voluntary and is not a mandated requirement of the Las Virgenes Unified School District (District). 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 undersigned could injure himself or herself, or be injured by the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she could be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named party 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 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, 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, 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.

_____
Participant Signature Date

_____
Participant Name (Please Print)

_____
Street Address

_____
City, State Zip

_____
Home Telephone Number

_____
Work Telephone Number

========== Office Use Only ==========

Verified by _____ Date _____