South Park School District

PARENTAL RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned hereby request(s) South Park School District to permit the following "STUDENT" to participate in the following "ACTIVITY": _____

STUDENT _____ AGE _____ PHONE _____ EMERGENCY _____

SCHOOL: _____ GRADE: _____

The undersigned agree(s) to the following:

FIRST: CERTIFICATE OF GOOD HEALTH - The undersigned do/does accept the responsibility for STUDENT's physical examination. It is hereby CERTIFIED that STUDENT has no known physical condition which could be affected by participating in the above activity and that STUDENT is in good health at the present.

SECOND: RELEASE IN FULL - The undersigned releases the South Park School District and all of the members of its Board of School Directors, its Administration, teachers, instructors and coaches from all claims, and all consequential damages on account of, or in any way arising out of, ALL PERSONAL INJURIES AND/OR DEATH which may result from STUDENT's participating in the activity program aforesaid.

THIRD: ASSUMPTION OF RISK - The undersigned have/has acknowledged and are/is aware that the above activity may require intense bodily contact and/or many unusual traumatic events, any of which are capable of causing injury and possible death. We/I do, therefore, ASSUME ALL RISK OF INJURY OR DEATH and acknowledge that we/I have explained said risks to STUDENT and that STUDENT is willing to participate in said activity program regardless of the aforesaid risks.

FOURTH: INDEMNIFICATION - That in the event of any claim, or suit arises on behalf of or by STUDENT, as a result of his/her participate in the aforesaid activity program, either before or after his/her attaining the age of 18, we the undersigned agree to indemnify, hold harmless and forever defend the South Park School District and all of the members of the Board of School Directors, the Administration, teacher instructors and coaches against all claims or payments, etc., arising from our/my STUDENT's participation in the aforesaid activity program as a result of personal injuries, death or other type of harm suffered by him/her or us/me.

FIFTH: LACK OF INSURANCE - The undersigned have/has acknowledged and are/is aware that the South Park School District and all of its members of its Board of Directors, its administration, teachers, instructors and coaches will not and do not provide any health and/or accident insurance for the STUDENT in relation to his/her participation in the aforesaid activity or activity program.

Intending to be legally bound hereby, having read the above AGREEMENT; we/I do hereby fix our/my hand(s) and seal(s).

_____(SEAL)   _____(SEAL)
(Parent/Guardian)   (Parent/Guardian)

Date: _____   Date: _____

_____
Student

SOUTH PARK SCHOOL DISTRICT
  _____Date_____ Approving Official