

GROSSMONT UNION HIGH SCHOOL DISTRICT
Release to Participate and Waiver of Liability and Indemnity Agreement

**THIS FORM MUST BE RETURNED TO THE INSTRUCTOR
BEFORE THE STUDENT CAN PARTICIPATE**

(Both the Applicant Student and Parent
or Guardian Must Read Carefully and Sign)

Name of Student

Sport/Activity

Participation in the identified activity **IS VOLUNTARY AND IS NOT REQUIRED** as part of the regular school program. We hereby give our permission for our student to participate in the identified **AIR BAND** activity. We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death, as a result of participation in **AIR BAND** activities. We are aware that participating in any AIR BAND event can be a dangerous activity involving **MANY RISKS OF INJURY**. We understand that the dangers and risks of playing or participating include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and or aspects of the skeletal system and serious injury or impairment to other aspects of the student's body and/or well being. We understand that the dangers of the **AIR BAND** activity may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

We recognize the importance of following the instructor's instructions regarding safety, and other rules, etc., and agree to obey such instructions. We specifically acknowledge that this **AIR BAND EVENT INVOLVES STRENUOUS ACTIVITIES** involving even greater risk of injury than other non-strenuous activities.

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Grossmont Union High School District from all liability arising out of or in connection with the identified activity. The release and discharge of the Grossmont Union High School District from all liability includes any defect or alleged negligence attributed to the Grossmont Union High School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the **AIR BAND** activity. (_____) (to be initialed by the student and parent or guardian)

Date: _____

Student Signature _____

I, _____, being the parent/legal guardian of _____ (student). I have read the above release. I understand and agree to its terms. I understand that AIR BAND activities can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student participant.

Date: _____

Parent/Legal Guardian Signature _____