



CAMBRIA HEIGHTS SCHOOL DISTRICT
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT ("AGREEMENT")

This document affects your legal rights. Please read it before signing it.

I, the below named person being eighteen or older in age, or the legal guardian of the person named below who is under 18, in consideration of the facilities, services, equipment and activities offered by Cambria Heights School District, its owners, partners, successors, assigns, employees, and agents (Releasees) I hereby acknowledge, agree, promise and covenant on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

ACKNOWLEDGMENT OF RISKS: I UNDERSTAND AND ACKNOWLEDGE that participation in this activities and use of the premises, facilities, equipment and services offered by Releasees bear certain known risk and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself to the minor identified below, or my property. I understand and acknowledge those risks may result in personal claims against Releasees, or claims against me by spectators or other third parties. These risks include but in no way are limited to the following:

- (1) The risk involved in use of the premises, facilities, equipment and services offered by Releasees; (2) The acts, omissions or negligence in any degree of Releasees; (3) Instant or apparent defects or conditions in equipment, property or the facilities provided by Releasees or their agent or employees; (4) My own physical condition, or my own acts or omissions; (5) Rescue, first aid, emergency treatment or services rendered or failed to be rendered by Releasees, or their agents or employees.

I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, the minor identified below, or to my property.

ACCEPTANCE OF RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISK FOR INJURY, DEATH, ILLNESS OR DAMAGE to myself, the minor identified below, or to my property arising from my use of the premises, facilities, equipment and services offered by Releasees.

RELEASE: I, FOR MYSELF AND THE MNOR IDENTIFIED BELOW, VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releasees and their agents or employees, and all other person or entities affiliated therewith, from any all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with any use of the remises, facilities, equipment, and services offered by Releasees, including, but specifically not limited to any and all negligence or fault of Releasees and their agents or employees, whether involved in any activity or not. I FURTHER AGREE, PROMISE AND COVENANT, ON BEHALF OF MYSELF AND THE MINOR IDENTIFIED BELOW, TO HOLD HARMLESS AND TO IDEMNIFY Releasees and their agents or employees, and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death or property damage brought by me or on my behalf.

I FURTHER ACKNOWLEDGE that I am in the best position to determine my physical ability or the physical ability of the minor identified below, to participate in the activities contemplated in the agreement, and acknowledge that I, or the minor identified below, am in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation the activity.

My signature below indicates that I have read this entire document, understand it complete, and agree to be bound by its terms.

Printed name of participant

Date:

Signature of Participant or Parent/Guardian of Minor Participant (Under 18)

Address City State Zip

E-Mail Address:

Phone: Date of Birth