



PLEASANT VALLEY SCHOOL DISTRICT
RELEASE OF LIABILITY

Activity: _____

Name of Class (1): _____ Time: _____ Day of Week: _____

Class Location(s): _____

Name of Class (2): _____ Time: _____ Day of Week: _____

Class Location(s): _____

In consideration for being allowed to participate in this Activity, I **release from all liability** the Pleasant Valley School District, their employees, officers, directors, volunteers and agents (collectively "District") from any and all claims, resulting in any physical or psychological injury, illness, damages, or economic or emotional loss the Participant may suffer because of participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the District **harmless** from any and all claims, including attorney's fees or damage to personal property, that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If the District incurs any of these types of expenses, I agree to reimburse the District. If Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance for the Participant.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely.

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the District from all liability on my and the Participant's behalf, (b) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Participant's Parent/Guardian

Printed Name of Participant's Parent/Guardian

Date

Participant's Name