



SCHOOL DISTRICT OF CLAYTON

WAIVER AND RELEASE OF LIABILITY HOLD HARMLESS

Sport: _____

Grade: _____

Parent/Guardian: _____

Address: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

In consideration of being allowed to participate in an activity at the School District of Clayton, the undersigned:

1. Agree that prior to participating, they will inspect the facilities to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which might result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue all involved to include the School District of Clayton and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of the premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE, HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

Name of Player/ _____
Participant

Player/Participant _____
Signature

Parent Signature: _____
(must have parent signature if participant is under 18 years)

Date Signed: _____

Must be completed by/for all players.