



MONTEBELLO UNIFIED SCHOOL DISTRICT NON-DISTRICT TRIP

WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR PARTICIPATION IN NON-DISTRICT SPONSORED VOLUNTARY INDEPENDENT STUDY ACTIVITY

Participant: _____

Description of Activity: _____

Date(s) of Activity: _____

By my signature below, I hereby give permission for my child/ward to participate in the above-described activity. I understand that this activity is voluntary; not District sponsored and is not a required activity as part of the Montebello Unified School District (District) curricular or extra curricular program. I understand the District is not providing any support, assistance, funding, or supervision of the described activity. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide medical coverage for participants in this activity.

Parent/Guardian Signature

Participant Signature

Parent/Guardian Name (Please Print)

Date

Phone Number

Street Address

City

State

Zip Code