

East Aurora School District 131

Waiver and Release of Claims and Assumption of Risk

The undersigned, individually and/or as parent or guardian of _____, a minor, understand that _____ [NAME OF ORGANIZATION] will be conducting a program or activity on the grounds or in a facility owned by the East Aurora School District 131 (EASD 131) and that EASD 131 does not sponsor such program or activity and is not responsible for the content of the same.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss against EASD 131 which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, including eye glasses and contact lenses, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity and, to the extent permitted by law.

I waive and relinquish all claims, causes of action, expenses and compensation for all known and unknown personal injuries and property damage to me or my minor child/ward (or which may accrue to my child/ward or me) as a result of participating in this program/activity and against the EASD 131 including its officials, agents, volunteers and employees, and I further promise and bind myself, my heirs, administrators and executors, to repay to the EASD 131, its agents, employees, Board members, successors and assigns, any sum of money that it or they may hereafter be compelled to pay on behalf of me or said minor child arising out of or connected to above referenced program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Please Print

Participant's Name

Participant's Signature

(Parent/Guardian)

Date _____

PARTICIPATION WILL BE DENIED – If the signature of adult participant or parent/guardian and date are not on the waiver.