



Klamath County School District
School Sponsored Activity Liability Release Form
Emergency Medical Treatment Authorization

Student Name: _____

School: _____ Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Phone Numbers: _____

Activity: _____

Description of Activity: _____

I understand that participation in this Activity is not required. The Activity is voluntary and will expose my child/student (Student) to risks of injuries. I understand that participation in the Activity, involves a certain element of risk. I understand that any transportation during and participation in the Activity will expose Student to risks of injuries. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to Student, his/her property, and other persons.**

In consideration for providing Student the opportunity to participate in the Activity, fully recognizing the dangers and hazards inherent in participating in the above mentioned Activity and any related transportation to and from Activity events, **both Student and I voluntarily agree to waive and discharge any and all claims against the [Name School District] (District) and release it from liability**, up to and including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to our property, or losses of any kind which may result from or in connection with Student=s participation in the Activity, up to and including injuries stemming from the negligent actions of the District or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Student.**

In the event that Student may require emergency medical treatment while participating in the Activity, I authorize the District and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

Signature of Parent/Guardian _____ Date: _____

Signature of Student: _____ Date: _____

PLEASE COMPLETE THE BACK OF THIS FORM

Student Medical Information

Student Name: _____ Date of Birth: _____

Known allergies (drug or natural): _____

Special medication being taken: _____

Date of last tetanus shot: _____

History of serious medical conditions: _____

Any physical restrictions: _____

Other conditions: _____

Family Doctor: _____ Phone Number: _____

Parent or Guardian phone number: Work: _____ Home: _____ Other: _____

Insurance Company Name: _____ Policy #: _____