Extracurricular/Club/Camp/Team Activity Liability Release Form—Philomath School District

Student Name:	Grade:
Address:	Home Phone:
Parent(s)/Guardian(s) Name/Cell #'s:	
Emergency Contact and Phone (Other Than Parent):	
Program: [INSERT ACTIVITY NAME & BRIEF DESCRIPTION]	
I understand that transportation related to and participation in this Activity is not a required school activity. The Activity is voluntary and will expose my child to risks of injuries. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, some of these risks cannot be eliminated due to the nature of the Activity. I understand that these risks could cause harm to my child, his/her property, and harm to other persons.	
I fully recognize the dangers inherent in the voluntary Activity, but I am willing to allow my child to participate in the Activity. In consideration for providing my child the opportunity to participate in the Activity, both my child and I voluntarily agree to hold harmless, waive, release, indemnify, defend, and discharge the Philomath School District 17J ("School District") from all liability and claims arising from my child's participation in the Activity including, but not limited to, liability and claims arising from the District's negligent acts. I agree to these actions to the fullest extent allowed by law. "School District" includes its Board of Directors, the individual members thereof, and its officers, agents, employees, volunteers, and representatives. "Liability and claims" means demands for any value or benefit, such as lawsuits, tort claims, insurance claims, causes of action, fines, fees, and costs (e.g. medical costs and attorney fees). I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above named participant.	
In the event that my child may require emergency medical treatment while pagents to secure the help of a medical services provider and to incur the exp provider, and I will provide for the payment of these expenses.	
This Agreement is intended to be as broad and inclusive as is permitted by la held to be invalid or legally unenforceable for any reason, the remainder of t fully enforceable.	
This is to certify that THE ABOVE NAMED STUDENT has my permission to attend the above named Activity. In exchange for the opportunity to participate in the Activity, the above named student and I voluntarily release the Philomath School District from all liability and claims arising from the student's participation in the Activity. In addition, I authorize the ACTIVITY staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.	
I certify that I have read this document and fully understand its contents. I have read this document in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my child to participate in this activity.	
DatedParent/Guardian Signature	
Printed Parent/Guardian Name	
Medical Information: Known allergies (drug or natural)	
Special medication being taken	
History of heart condition, diabetes, asthma, epilepsy, or rheumatic feve	
Date of last tetanus shotAny physical restrictions/o	other conditions
Family Doctor	Dr. Phone #
Insurance Company Name	Policy #