



# *Loomis Union School District*

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

[www.loomis-usd.k12.ca.us](http://www.loomis-usd.k12.ca.us)

*Building Excellence in Education since 1856*

Erika Sloane, Superintendent

## **RELEASE OF LIABILITY & EXPRESS ASSUMPTION OF RISK AGREEMENT** **FOR SCHOOL DISTRICT-RELATED ACTIVITIES**

Name of Activity: \_\_\_\_\_

\_\_\_\_\_  
(Name of School Site)

\_\_\_\_\_  
(Name of Student Participant)

I, the undersigned parent/guardian (hereafter "Parent"), understand and acknowledge that my minor child, the above-named student participant (hereafter "Student" or "Child"), has voluntarily chosen to participate in the above-named Loomis Union Elementary School District (hereafter "District") school-related activity(ies) including any associated field trip or excursion (hereafter "Activity") at their own risk. District shall include its trustees, officers, employees, volunteers and/or agents. Student and Parent shall include their heirs, assigns personal representative and/or trustees.

Parent knows and fully understands that the Activity may involve numerous risks, dangers, and hazards, both known and unknown, where serious illness and accidents can occur, and where participants can sustain physical illness/injuries, damage to their property, or even die. Injuries might arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by District to adequately coach, train, instruct, or supervise. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries, whether or not caused by the student's participation. Regardless of whether the Activity involves physical contact or not, any activity(ies) may have inherent risks of injury which are inseparable from the Activity. Parent acknowledges and willingly assumes all risks and hazards known and unknown, of potential injury, paralysis, and death in the Activity.

In consideration for District allowing the Student to participate in the Activity, Parent voluntarily agrees to release, waive, discharge, indemnify and hold harmless District from any and all claims of liability arising out of their negligence, or any other act or omission which causes the Student illness, injury, death or damages of any nature in any way connected with the Student's participation in the Activity. Parent also expressly agrees to release and discharge District from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As the parent or legal guardian of Student under 18 years of age, I have read and voluntarily agree that my child may participate in the Activity and I sign the release on the Student's behalf. In signing this release, I fully recognize and understand that if my child is hurt, becomes ill, dies, or their property is damaged, I am giving up my right and the right of my child to make a claim or file a lawsuit against the District or to expect the District to be responsible for any damages.

**By signing below, I acknowledge that I: (1) have read this document and understand that I give up substantial actual or potential rights in order to allow Student to participate in the Activity; (2) have voluntarily signed as evidence of acceptance of this Agreement without any inducement or assurance of any nature and with full appreciation of all risks inherent in the Activity; (3) have no questions regarding the scope or intent of this Agreement and I have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a release of all claims.**

**Signature of Agreement:**

_____	_____	_____
(Printed Name of Participant)	(Signature)	Date

_____	_____	_____
(Printed Name of Parent/Guardian)	(Signature)	Date

**Emergency Contact Information:**

**Contact #1**

\_\_\_\_\_  
Printed Name of Emergency Contact

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Best Contact Number

**Contact #2**

\_\_\_\_\_  
Printed Name of Emergency Contact

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Best Contact Number

Known Allergies: \_\_\_\_\_