

Gervais School District  
School Sponsored Activity Liability Release Form  
Emergency Medical Treatment Authorization

Student Name: \_\_\_\_\_

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 Gervais School District and release it from liability for any loss regardless of cause**, 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 all liability for any loss, 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.**

If permitted and allowed to participate in the Activity, Student agrees to follow all rules and regulations for this particular activity or event as well as follow the Student Code of Conduct.

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: \_\_\_\_\_

**Medical Information:**

Known allergies (drug or natural) \_\_\_\_\_

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Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of serious medical conditions \_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_

Parent or Guardian phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_