

**Elmore County Board of Education**  
**RELEASE OF LIABILITY FOR PARTICIPATION**

School \_\_\_\_\_ Child's Name \_\_\_\_\_

Teacher in Charge \_\_\_\_\_

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity, all Elmore County Board of Education policies and procedures, rules of conduct set forth in the Student Code of Conduct, and state and federal regulations and laws. I understand that all Elmore County Board of Education rules and policies apply to my child and the other students during the course of the activity.

I also understand that this activity may expose my child to some risks. On behalf of my child, I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release the Elmore County Board of Education, its members, employees, assigns, agents and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain: (a) arising out of my child's failure to comply with local, state and federal laws and Elmore County Board of Education policies, procedures, and the Student Code of Conduct; or, (b) arising out of any damage or injury caused by or to my child arising out of my child's participation in the activity. This release of liability includes accident, injury, loss or damages to my child, as well as to the other individuals or property which may result from my child, and participation in the activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

I confirm that I have carefully read this RELEASE OF LIABILITY FOR PARTICIPATION and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 19 years or older.

Emergency Contact Name & Phone \_\_\_\_\_

Hospital Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**Students will not be permitted to participate without a signed Release of Liability for Participation Form on file.**

\_\_\_\_\_  
Student's Signature (as appropriate) Date \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature Date \_\_\_\_\_