

Tempe Union High School District #213
Community Schools

Participant Informed Consent, Assumption of Risk,
Liability Release and Indemnity Agreement

Name of Participant _____

This RELEASE is given this _____ day of _____ by the Participant named above as a condition precedent to permit Participant to participate in the following Community Schools Program _____ ("Program") , taking place at _____ HIGH SCHOOL, which is property of the TEMPE UNION HIGH SCHOOL DISTRICT NO. 213 OF MARICOPA COUNTY (the "DISTRICT").

Because of possible risks, I am obligated to perform all activities in a safe and careful manner. I agree that the District may immediately remove me from participating for any failure to perform any activity in a safe and careful manner at its discretion. I agree that the District may revoke the privilege of participating in the Program without notice for any reason.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I may sustain as a result from participation in the Program and any of its activities. I hereby release, waive, discharge and agree not to sue the District and its employees, agents, representatives, and volunteers for any demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties.

I agree to defend and indemnify the District and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities of the Program. I also agree to pay for any and all property damage caused by me negligently, willfully, or otherwise.

I am aware that the District does not provide accident or health insurance coverage for me I am aware that I am not entitled to worker's compensation benefits while participating in any of the activities. I am responsible for any health care required as a result of my participation in any of the activities.

In the event of an emergency, I authorize the District and its employees and agents to seek medical treatment as deemed necessary.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Participant Signature

Date

Parent/Guardian's Signature if Participant is under 18 years of age
5/10/15

Date