



EXTRA-CURRICULAR ACTIVITY & ATHLETIC TRAVEL WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of _____ (student), who will be participating in a variety of Washoe County School District (District) extra-curricular activities and athletic events and competitions during the _____ school year, as further detailed in the attached proposed schedule.* For any non-scheduled and non-NIAA sanctioned sporting events, I understand I will receive advance notice of each activity, along with the mode of transportation to/from the activity and will be given an opportunity to decline my child's participation in said activity. *See Band website and/or Band App for trip schedule & detailed info as trips approach.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my student as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the District and assume all risk associated with participating in the athletic events.

I understand that travel to and from the athletic events can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my student has no ailment or organic defect that would make participation in the sporting activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my student cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my student.

I understand it is my responsibility to carry and maintain medical insurance for my student. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my student to participate in the athletic events described in the attached schedule of events.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature