

**BLACK BUTTE SCHOOL DISTRICT
2017-2018 Ski/Snowboard Program Year
Release & Waiver of Liability**

PLEASE READ CAREFULLY AND SIGN ONLY IF YOU AGREE COMPLETELY.

Student Name: _____

Grade: _____ Home Phone: _____

Please select whether the student will be skiing or snowboarding this year:

Skiing

Snowboarding

Address: _____

Parent/Guardian's Name/Phone Numbers: _____

Emergency Contact and Phone (Other Than Parent): _____

Emergency Phone: _____

Program: BLACK BUTTE SKI/SNOWBOARD SCHOOL ("Activity")

Description of Activity: _____

I understand that transportation during and participation in this Activity will expose my child to risks of injuries. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, paralysis, death, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, some of these risks cannot be eliminated due to the nature of the activities. I understand that these risks could cause harm to my child, his/her property, and harm to other persons. I certify and represent that my child is physically, mentally and medically capable of engaging in the Activity.

I fully recognize the dangers inherent in the Activity, but I am willing to allow my child to participate in the Activity. In consideration for providing my child the opportunity to participate in the Activity, **both my child and I voluntarily agree to not sue and hold harmless, waive, release, indemnify, defend, and discharge Black Butte School District ("School District") from all liability and claims arising from my child's participation in the Activity.** I agree to these actions to the fullest extent allowed by law. "School District" includes its Board of Directors, the individual members thereof, and its officers, agents, employees, volunteers, attorneys and representatives. "Liability and claims" means demands for any value or benefit, such as lawsuits, tort claims, insurance claims, causes of action, fines, fees, and costs (e.g. medical costs and attorney fees). **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above named participant.**

In the event that my child may require emergency medical treatment while participating in the Activity, I authorize the School District and its agents to secure the services of a physician or hospital and to incur the expenses for necessary services, and I will provide for the payment of these costs.

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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.

I certify that I have read this document and fully understand its contents. I have read this document in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my child to participate in this activity.

Dated this _____ day of _____, 20__.

Signature of Parent/Guardian _____

Student Name _____ Grade _____

This is to certify that THE ABOVE NAMED STUDENT has my permission to attend the above named Activity. In exchange for the opportunity to participate in the Activity, the above named student and I voluntarily release Black Butte School District from all liability and claims arising from my student's participation in the Activity. In addition, I authorize the Activity staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

Medical Information:

Known allergies (drug or natural) _____

Special medication being taken _____

Date of last tetanus shot _____

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever _____

Any physical restrictions _____

Other conditions _____

Family Doctor _____

Parent/Guardian phone: Work: _____ Home: _____ Other: _____

Insurance Company Name _____ Policy # _____