



Minor Activity Waiver of Liability and Hold Harmless Agreement

Date: _____ School: _____

Activity: _____

Location: _____

Participant (Child): _____

Parent/Guardian: _____

- Definitions.** (a) "Releasees" as used herein is defined as Hilliard City School District, its directors, officers, owners, agents, employees and volunteers. (b) "Undersigned" shall be the mother, father and/or legal guardian of the child participating in the Activity. "Undersigned" shall further include the spouse, heirs, assigns and personal representative(s). (c) "Participant" and "Activity" shall refer to the information listed above.
- Assumption of the Risk.** Undersigned is fully aware of the risks involved and hazards connected with the Activity. Undersigned hereby grants permission for the aforementioned Participant to voluntarily participate in said activity with full knowledge of these risks and hazards. **Undersigned voluntarily assumes full responsibility for any risks of loss, property damage or personal injury, including death,** that may be sustained by Participant and/or Undersigned, including loss or damage to property owned by Participant and/or Undersigned, **whether or not caused by the negligence of Releasees, actual or alleged.**
- Release and Waiver of Liability.** In consideration for receiving permission for Participant to participate in the subject Activity, Undersigned hereby **releases, waives, discharges and covenants not to sue Releasees** from and against any and all liability, claims, demands, losses, costs, expenses, damages and causes of action whatsoever (hereinafter, "claims") for any damage or injury, including death, that may be sustained by Participant and/or Undersigned, including damage to any of the property belonging to my child or my family, **whether or not caused by the negligence of the Releasees, actual or alleged.**
- Indemnification/Hold Harmless.** Undersigned further **agrees to defend, indemnify and hold the Releasees harmless** from and against any and all claims, including court costs and attorney fees, that they may incur as the result of Participant's participation in the Activity, **whether or not caused by the negligence of Releasees, actual or alleged.**
- Medical Authorization.** I hereby authorize Hilliard City School District personnel to obtain medical care for injuries and illness that might affect my child or which might occur during this event. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to my child should it be deemed medically necessary.
- Attestation.** **In signing this release, I acknowledge and represent that I** have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the forgoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

Parent Signature

Date