DOUGLAS COUNTY SCHOOL DISTRICT RE – 1

\_\_”*Western State Indoor Meet”*  on “February 12th and 13th”\_\_

 **(Not a Mountain Vista HS– Sponsored Activity)**

**RELEASE, ACKNOWLEDGEMENT, AND ASSUMPTION OF PERSONAL**

## RESPONSIBILITY

# I/we understand that during my child’s participation in the Western State Indoor Meet Trip, February 12th and 13th

He/she may be exposed to risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Douglas County Schools, its employees or agents, to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

**I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the** Western State Indoor Meet Trip, February 12th-13th, **and agree to advise my child to comply with the instructions and directions of The Vista Nation Track Club and Coaching Staff during the program and use of all equipment.**

**I/we (print parents names)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**in return for my child’s opportunity to participate in** the Western State Indoor Meet Trip, February 12th and 13th **do hereby exempt and release the Douglas County Schools its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the** Western State Indoor Meet Trip, February 12th and 13th **whether or not such damage, loss or injury results from the negligence of Douglas County Schools, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the** Western State Indoor Meet Trip, February 12th and 13th **.**

**I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)guardian(s) of**

**I/we further acknowledge that no representation or promises by Douglas County Schools representatives have been made to induce me to sign this release.**

**Every individual participating in** the Western State Indoor Meet Trip, February 12th and 13th **must carry health/accident insurance coverage. Douglas County Schools does not offer any medical/accident insurance to participating students, and makes no claim to do so.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent /Guardian Signature**

**I agree to follow all safety rules and teacher instructions at all times while participating in** the Western State Indoor Meet Trip, February 12th and 13th **I understand that failure to obey rules will result in my suspension from activities.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

4/07 AO