LOS ALAMITOS UNIFIED SCHOOL DISTRICT

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Participant's Name (please print):	· · · · · · · · · · · · · · · · · · ·	
Waiver: In consideration of being permitted or during the voluntary field trip to	[insert lovity"), I, for myself, my heirs, charge, and covenant not to rs, officers, employees, and agence of the Los Alamitos Unid agents, resulting in persona	cation] on
Parent Signature	Date	
Assumption of Risks: Participation in The cannot be eliminated regardless of the care one activity to another, but the risks range sprains; 2) major injuries such as eye injurand concussions; to 3) catastrophic injurie	e taken to avoid injuries. The from: 1) minor injuries such ry or loss of sight, joint or bac	specific risks vary from as scratches, bruises, and ck injuries, heart attacks,
I have read the previous paragraphs an other risks that are inherent in The Acti of my child is voluntary, and that I know	ivity. I hereby <mark>assert that m</mark> y	participation and that
Indemnification and Hold Harmless: I a Alamitos Unified School District, its Boar HARMLESS from any and all claims, act liabilities, including attorney's fees brough reimburse them for any such expenses inc	rd members, officers, employed ions, suits, procedures, costs, ht as a result of my involvement	ees, and agents expenses, damages and
Severability: The undersigned further expassumption of risks agreement is intended of the State of California and that if any pebalance shall, notwithstanding, continue in	l to be as broad and inclusive ortion thereof is held invalid,	as is permitted by the law
Acknowledgement of Understanding: I and indemnity agreement, fully understand substantial rights, including my right to freely and voluntarily, and intend by my release of all liability to the greatest extended	d its terms, and understand to sue. I acknowledge that I as signature to be a complete a	that I am giving up m signing the agreement
Parent Name (Print)	Parent Signature	Date