



Administrative Form 5307
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 _____ ("child/ward"), who will be participating in a variety of Washoe County School 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.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School 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 child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School 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 child/ward 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 child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School 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 child/ward. 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 child/ward to participate in the athletic events described in the attached schedule of events.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature