| WAIVER OF LIABILITY, ASS | UMPTION OF | F RISK, AND | INDEMNITY AGREEMENT |
|---|--|---|--|
| Participant's Name: | | | |
| Name of Class or Activity: | | | |
| Waiver: In consideration of being permitted | d to participate | in any way in | Great American Total Solar Eclipse |
| August 21, 2017 | | | |
| | (Description of A | activity/Dates) | |
| Hereinafter called the "Activity", I, on beha personal representatives or assigns, do her Valley Unified School District, its officers, e the negligence of the Chino Valley Unifi personal injury, accidents or illnesses (incl participation by my minor child in the Activi | reby release, vemployees, and ied School Distuding death), | vaive, dischar agents from list strict, its office | ge, and covenant not to sue the Chino ability from any and all claims including ers, employees and agents, resulting in |
| Assumption of Risks: Participation in the regardless of the care taken to avoid injurier range from 1) minor injuries such as scratch sight, joint or back injuries, heart attacks, and | es. The specific hes, bruises, an | ic risks vary f d sprains 2) m | rom one activity to another, but the risks ajor injuries such as eye injury or loss of |
| Indemnification and Hold Harmless: I a SCHOOL DISTRICT from any and all claim including attorney's fees brought as a result for any such expenses incurred. | ms, actions, su | its, procedures | , costs, expenses, damages and liabilities, |
| Severability: The undersigned further agreement is intended to be as broad and in Education Code Section 35330 and that if notwithstanding, continue in full legal force | nclusive as is p any portion the | ermitted by th | |
| Acknowledgment of Understanding: I assumption of risk, and indemnity agreement that are inherent to the Activity, and under sue on behalf of myself or my minor child all such risks, ant that I am signing the ag complete and unconditional release of all I | nt, know, fully stand that I and I acknowledge treement freely | understand its m giving up s ge my participa and voluntari | terms, acknowledge these and other risks ubstantial rights, including my right to tion is voluntary, that I knowingly assumely, and intend by my signature to be a |
| In the event of any illness or injury, I give for surgery from a licensed physician/surgeon, I acknowledge that I fully and completely to and that my child's participation is strictly vo | paramedic or hounderstand the | ospital as deen | ned necessary for the welfare of my child. |
| | | Participar | nt's Date of Birth (if minor) |
| Signature of Participant | Date | | |
| Parent or Legal Guardian Signature | Date | 1 | Day Phone: Area Code and Number |
| Please Print Parent or Legal Guardian Name | | (] | Night Phone: Area Code and Number |
| Name of Health Insurance Company | | | Policy/Group Number |
| Medical Problems/ Necessary Medications Check one:NoneYes, Please Exp | olain: | | |