



P. O. Box 603
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Carson City, Nevada 89702

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CONSENT TO PARTICIPATE AND AGREEMENT FOR RELEASE OF LIABILITY, TO ASSUME RISK, INDEMNIFY AND HOLD HARMLESS

Carson City School District Activity: _____
(Name of Activity/Event/Club/Program)

Date and location of Activity: _____

I hereby consent that my **son/daughter** _____, participate in
(Circle One) (Name)
the Activity described above.

I understand that **transportation will/will not be** provided to or from the Activity and
(Circle One)
that I may be responsible for transportation to and from the Activity.

I hereby agree to assume the risk of my child's participation in the Activity, and I agree to indemnify and hold harmless the Carson City School District, its trustees, employees, agents, representatives, and volunteers from any and all liability for damages, loss, or injuries, either to person or property, including death, which my child or I may incur or suffer as a result of such participation.

I agree to abide by the rules and regulations set forth by the Carson City School District for the Activity, and a failure to do so may result in my child being excluded from the Activity and being sent home by first available transportation at my expense. I further agree to reimburse and make good any loss, damage, or costs, to include attorneys' fees, that the School District may incur or suffer as a result of my child's conduct, and from any claim which may be made by or on behalf of my child, resulting directly or indirectly from participation in the Activity.

I further agree in case of injury, illness or other actions requiring parental permission, the advisors, or other School District staff members shall have the authority to act, in case the undersigned parent or legal guardian cannot be reached.

I certify that I am authorized to execute this Consent and Agreement by virtue of being a parent having legal custody of the child or the legal guardian of the child pursuant to a

temporary or permanent guardianship appointment currently in effect. I further certify that the child is physically able to participate in the Activity and that I have no knowledge of any physical or medical impairment which would limit the child from participating in the Activity.

_____ Signature of Parent or Legal Guardian	_____ Date	_____ Phone No.
_____ Signature of Student	_____ Date	
_____ Printed Name of Student (First, MI, Last)	_____ Age and Birth Date	
_____ Site Administrator	_____ Date	

Completed Forms are to be retained at the School/Site