## All Purpose Waiver for Adult/Volunteers

## (Name of Event)

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

The signed original of this Agreement must be delivered to

Name or Title

before a Participant will be allowed to attend or participate in the Event defined below.

<u> </u>		iicu peluw.
Participant:	Telephone:	
Address:		
Emergency Contact (Name(s) and Telephone Nos.):		
By signing this Agreement, the Participant agrees:		
1 The School District	("District") is anonsoring a	(Name of Event)
1. The School District ("Event"), on (Date), during which Participa	nts will participate in	(Ivallie of Event)
2. The Participant understands the nature of the Event and Activities including the inherent or potential risks of personal injury, harm, death, or loss or damage to property that may be caused in some manner from the participation in one or more of the Activities, including transportation to and from such activities. Regardless of the actual or potential cause of any injury, harm, death, or loss or damage to property, to the fullest extent allowed by law, all such risks are deemed to be inherent in the Activities and fully assumed by the Participant. In consideration of the right to participate in the Event, the Participant also understands and agrees that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against the District (including its employees and agents) arising from their participation in the Event or its Activities. As may be needed, the participant is encouraged to obtain and/or maintain insurance coverage protecting against the costs of any medical costs or other expenses that may be incurred in the case of harm or injury to the Participant.		
3. The Participant is in sufficiently good health and physical condition to participate in the Activities. If an injury or medical emergency occurs during the Event, the District and the Supervisors have express permission and authority to administer or to authorize the administration of urgent or emergency care, including the transportation of the Participant to an urgent care or emergency care provider. In such circumstances, notice to the Adult and/or Emergency Contact may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care will be the Participant's parents' and/or guardian's sole responsibility.		
4. District employees, Participants, parents/guardians, or other parties may photograph or videotape the Activities. Such photographs or videotapes may be published or reproduced in a manner showing the Participant's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, websites, television, motion pictures, films, newspapers, yearbooks, and magazines. I hereby authorize and consent to such activities, without compensation, and without limitation.		
5. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes of these agreements and understandings, and shall not be construed against the District as the drafter of the Agreement. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No modification of this Agreement, oral or in writing, is permitted by any party or person. This Agreement will be rejected, and the Participant will be unable to participate in the Event, if any language is removed, modified, or added. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Participant in determining whether to execute this Agreement or in agreeing to participate in Team Activities.		
As the Participant signing below: (1) I am giving up subst the Activities; (2) I have signed this agreement without an the risks inherent in Activities; (3) I have no question rega	y inducement or assurance of any nature, a	and with full appreciation of
As the Participant, I understand and agree to all of obligations placed on me by this Agreement.		
Printed Name of Participant Signature Signatur	ure	Date

ALL PURPOSE WAIVER (Ed. 12/19)