

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

Acknowledgment and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in the **OBSTACLE COURSE BOOT CAMP**. The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. The undersigned parent and/or legal guardian and participant understand that **TERRETON PTO & WEST JEFFERSON SCHOOL DISTRICT** does not insure participants and that any coverage would be through personal insurance, and the **TERRETON PTO & WEST JEFFERSON SCHOOL DISTRICT** has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

READ BEFORE SIGNING

Name of Minor(s): _____ Age of Minor(s):

Signature of Parent/Guardian: _____ Date:

Printed Name of Parent/Guardian: _____ Date:

Emergency Contact: _____ Phone Number:
