## PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT VOLUNTARY ACTIVITY ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABLITY AGREEMENT

Participant Name:				
Description of Activity: Ridgecre	est Intermediate School	ol Booster Club Knotts Berry Farm Even	t – 8 <sup>th</sup> grade	
Date(s) of Activity: Saturday	, May 6, 2023			
		CUMENT. READ IT CAREFULLY AN TE IN THIS ACTIVITY IS OPTIONAL		
(1) Assumption of Risks:				
minor injury, major injury, and so losses which might result not only of others, the rules of play, or the risks that are inherent in the a representative(s), and/or assigns such risks. I recognize the imp	erious injury, including from my own action condition of the prenactivity. I hereby ass, that my participate ortance of following nes and regulations	ature, includes certain risks. The specific right permanent disability and death, and so as, inactions, or negligence, but the action rises or of any equipment used. I under sert and agree, on behalf of myself, ration in the activity is voluntary and that g instructions regarding proper technique, but understand that I am ultimately ons governing the activity.	evere social and economic ns, inactions, or negligence estand and appreciate the ny family, heirs, personal at I knowingly assume all nique, training and other	
(2) Hold Harmless, Indemnity a	and Release:			
permitted by law, for myself, my indemnify and release, the Palos V officers, agents, and employees, to present or future, on account of da my participation in the activity. I I	refamily, my heirs, per Verdes Peninsula Unit from and against any amage to personal pro- understand that I and voluntarily. No representation	ove listed activity, I agree here and foreversonal representative(s), and/or assigns, fied School District ("District"), its Board and all claims, demands, actions, or capperty, or personal injury, or illness, or demanded to releasing claims and giving up substates esentations, statements, or inducement ade.	to defend, hold harmless, d members, administrators, uses of action of any sort, eath which may result from ntial rights, including my	
· · · · · · · · · · · · · · · · · · ·	,	AD, UNDERSTAND, AND VOLUNTA ONDITIONS OF THIS DOCUMENT.	RILY AGREE	
Parent/Guardian Signature	Date	Student Signature	Date	
Parent/Guardian Name (please print)		Student Name (please print)		
Street Address		City / State / Zip Code	City / State / Zip Code	
Home Phone Number		Parent's Work Phone Number	Parent's Work Phone Number	

Student's Cell Phone Number

Parent's Cell Phone Number