



PARTICIPANT AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISKS

Print Form

Risk Management
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Send completed forms to: RiskManagement@matsuk12.us

Student Name	_____	Date	_____
Activity and Location	_____	School Year	_____
School	_____	Phone #	_____
Emergency Contact	_____		

Purpose: The purpose of this form is to gain parental/adult participant consent, liability release, and assumption of risk for activities and events that occur off school district property, or are co-curricular or extra-curricular in nature. Some activities involve more risk than others, and the below list of risks is meant to be a non-exclusive list of possible risks present in a wide range of activities, events, or extra-curricular activities that the district makes voluntarily available to students. Not all of the below risks will necessarily be present in any one activity. Ultimately, **it is the parent/adult participant’s responsibility to consider the risks present** in any one activity and decide whether to consent, release liability, and assume those risks.

Please select one:

- I am an adult completing the form for myself or I am an emancipated minor.
- I am a parent or legal guardian completing this form on behalf of my minor student.

After reading about the risks of participation, please review the paragraphs below, initial the insurance notification statement, and sign the second page acknowledging that you have read and understood all items outlined herein.

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

I understand that all co-curricular and extra-curricular activities, and courses/events/activities conducted off District owned or controlled property, have a certain degree of inherent risk which includes known and unknown risks. I understand that many of these risks are essential to the activity or course and, therefore, cannot be eliminated. I understand that these risks include but are not limited to possible exposure to bacteria, viruses, or diseases; bodily injuries ranging from minor sprains and contusions, to major injuries including cuts, broken bones, concussions, spinal injuries, disfigurement, paralysis, illness, diseases, psychological injuries, or even death. I understand that an injury may impair the participant’s future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life. I also understand that the following describes some but not all of the risks which a participant may be exposed to, which may result in personal or psychological injury, illness, death or property damage:

- Equipment failure
- Failure to properly maintain buildings, equipment and/or vehicles
- Inadequate coach/instructor/coordinator/leader training or supervision
- Failure to give adequate warnings or instructions
- Failure by participants to heed warnings or follow instructions
- Participants exceeding their skills or physical condition
- Vehicular accidents and/or failure to properly maintain vehicles
- The participant’s own negligence and the negligence of others or other participants
- Dehydration, exhaustion, cramps, hypothermia, heat stroke/sunstroke, and fatigue
- Collisions with other participants, equipment and other objects
- Slipping, tripping, or falling
- Adverse weather conditions
- Violence/unlawful acts perpetrated by any individual
- Animal attacks and/or exposure to domesticated or non-domesticated or wild animals
- Unavailability of immediate medical care
- Exposure to or contraction of bacteria, viruses, and diseases.

I understand that the Matanuska-Susitna Borough School District (District) will NOT assume any liability or responsibility for injury, illness, death, damages, losses, or costs that may occur or be incurred resulting from participation in this activity or course.

I agree that participation in the activity or course is **VOLUNTARY** and based on my independent assessment of the activity and its associated risks, include the risks set forth above.

By signing below, I acknowledge that the parent/adult participant is **ULTIMATELY RESPONSIBLE** for the participant's own safety during participation in this activity or course, including the use of facilities and equipment.

____ (please initial) I understand that primary accident and medical insurance coverage is my responsibility, and I have been made aware of my ability to purchase Myers-Stevens & Toohey, Inc. Student Accident Insurance.

In the event of an injury or illness related to participation in this activity or course, I give my consent for emergency treatment, hospitalization, or other medical treatment as may be deemed necessary by emergency medical personnel, hospitals, physicians and other medical providers.

IN CONSIDERATION FOR PERMISSION TO PARTICIPATE IN THIS DISTRICT ACTIVITY, I FOR MYSELF, THE PARENT/ADULT PARTICIPANT, AND ANY HEIRS, SUCCESSORS, EXECUTORS, AND SUBROGEEES, KNOWINGLY, INTENTIONALLY, AND VOLUNTARILY WAIVE AND FOREVER RELEASE, INDEMNIFY AND HOLD HARMLESS THE DISTRICT, ITS BOARD MEMBERS, ADMINISTRATORS, TEACHERS, COACHES, AGENTS AND INSURERS, FROM ANY AND ALL CLAIMS OF LIABILITY FOR INJURY, ILLNESS, DEATH, DAMAGES, LOSSES, OR COSTS THAT MAY OCCUR OR BE INCURRED RESULTING FROM PARTICIPATION IN THIS ACTIVITY OR COURSE.

Having read the statements above and having understood the dangers and potential risks involved with participation in the listed activity or course, I hereby give my consent as an adult or emancipated minor participant or the parent/legal guardian of the participant, _____, to participate in the activity or course. *Name of participant*

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS. By signing, I acknowledge that a court of law may determine that I have waived my right to maintain a lawsuit for any claim which I have released above.

Parent/Guardian or Adult Student Signature

Date