PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY PROGRAM

Student's Name:		Sc	hool: Palos verdes	Peninsula H5
Description of Activity/Program: PVP	HS PressFriends	Club		
Date of Activity/Program: 2012 - 201	3 School Year			
By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity realize this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District) curriculum or extracurricular program. I further acknowledge that no supervision is being provided by the Distrand that the District assumes no responsibility for any transportation arrangements. The undersigned is specifically awand confirms by executing this document that they are aware that participation in such an activity presents a rispersonal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himse herself, or be injured by other participants related to the activity. The undersigned is aware and acknowledges being avoid the risk that he or she may be hurt or injured by participating in any aspect of this activity.				
For and in consideration of permitting the a nereby voluntarily releases, discharges, woodily injury, property damage or wrongf engaging in said activity or any activities period said activities may continue. The assigns hereby release, waive dischargenim/herself and for his/her estate, and administrators and assigns prosecute, prodeath against the Palos Verdes Peninsus employees for any of said causes of activillful misconduct of the District.	raives and relinquish ful death occurring to incidental thereto we undersigned does to and relinquish any agrees that under resent any claim for la Unified School D	nes any and all a to him/herself a wherever or how for him/herself, action or cau- no circumstan personal injury istrict, its Board	actions or causes of actising in any way whever the same may his/her heirs, executeses of action, which is ces will he/she or high bodily injury, proper d, or any of its officer	ction for personal injury, atsoever as a result of occur and for whatever ors, administrators and may hereafter arise for s/her heirs, executors, ty damage or wrongful as, agents, servants, or
The undersigned hereby acknowledges the child, as stated, and expressly acknowled District, its Board, officers, agents, and environgful death that may arise out of or in a land have voluntarily signed this agreement of the legal consequences of signing this coverage for participants in this activity.	edges their intention mployees, from any any way be connecte nt. I am aware of th	n, by executing liability for pers ed with the abov e potential risks	g this instrument, to esonal injury, bodily injure-described activity. It is involved in this activ	exempt and relieve the iry, property damage or have read the foregoing ity and I am fully aware
Parent/Guardian Signature	Date	Student's Signature		
Parent/Guardian Name (Please Print)		Student's Name (Please Print)		
Street Address		City	State	Zip Code
Home Telephone Number		Work Telephone Number		
Principal/Designee Signature				