## SAN YSIDRO SCHOOL DISTRICT INDIVIDUAL RELEASE, WAIVER OF LIABILITY AND

## **INDEMNITY AGREEMENT**

| In consideration of being permitted to use the San Ysidro School District's facilities (collectively refeto herein as "District Facilities") for the following Event/Purpose: I,  |  |
|---|--|
| the undersigned, agree to the following:  | (Print – Peron/Participant's Name)   |
| Name of Organization/Company/Agency/Ve  | endor:   |
| Event Description/Purpose:  |  |
| Date of Event:  | Time: FromTo:  |
| Location of Event:  |  |
| I,the following:  | (Print - Name of participant) the undersigned, agree to  |
| School District, its officers, agents, employ<br>for any and all claims for loss or damage<br>account of personal injury, loss, theft or dar<br>the use of the District Facilities, even thou<br>District or out of a dangerous or defective of | s, waives, discharges and covenants not to sue the San Ysidro yees, volunteers and representatives (collectively "District"), e, including, without limitation, any claims or demands on mage of personal property, presence during or participation in gh that injury or damage may arise out of negligence of the condition of property or equipment of the District. However, nined by a court of competent jurisdiction that such claim was esconduct of District. |
| its officers, agents, employees, volunteers<br>they may incur, including attorneys' fees, w<br>relating to the presence of the Participant<br>District Facilities. Participant shall have no  | o indemnify, save and hold harmless the District, and each of<br>and representatives from any loss, liability, damage or cost<br>whether caused by the negligence of the District or otherwise,<br>during or participation by the Participant in the use of the<br>o obligation, however, to defend or indemnify District if it is<br>ction that such claim was caused by the gross negligence or  |
| property damage while the Participant is Facilities. The undersigned expressly acknowhile present during or participating in the personal injuries or death, and that the underparticipating in the above-mentioned activities.                 | es full responsibility for and risk of bodily injury, death or present during or participating in the use of the District wledges and understands that accidents and injuries can occur use of the District Facilities, including serious and permanent ersigned hereby expressly assumes any and all of the risks of rity or event, whether or not a particular risk is known or ach risks are due to the ordinary negligence of the District or public property.     |
| 4. The undersigned expressly agree  | es and hereby gives permission for, and expressly assumes the  |

risk of, any emergency medical treatment that may be rendered to the Participant if the Participant is

| expressly release and indemnify the District against any liability emergency medical treatment as set forth herein. The undersign because of said treatment.  | ty for providing, or failing to provide, any |  |
|---|--|--|
| 5. The undersigned expressly agrees that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. |  |  |
| The undersigned has read and voluntarily signs this Releasement, and further agrees that no representations, statement the foregoing written Agreement, have been made.   | · · · · · · · · · · · · · · · · · · ·        |  |
| I Have Read And Understand This Release: (All sections must   | be completed.)                               |  |
| Participant:  |  |  |
| Signature   | Date   |  |
| Print Name  | Phone  |  |
| Note: Please include Business Card if available.  |  |  |
| Participant's Address:  |  |  |
| Tele  | ephone:_()                                   |  |
|   |  |  |
| IF A PARTICIPANT IS UNDE<br>A PARENT (OR LEGAL GUARDIAN) <u>N</u>   | ,  |  |
| I am the parent or legal guardian of the above stated Participan stated above and hereby give permission for my child to participants.  | <u> </u>                                     |  |
| Signature   | Date   |  |
| Parent/Guardian Name  | Phone  |  |

Please return completed forms to the Business Services Office at least one week before the event  $\sim$  Thank you