

Wayne Local Schools Release and Assumption of Risk

Participant's Name _____ As used herein: "WAYNE LOCAL SCHOOLS" shall include Wayne Local Schools., its officers, directors, employees, staff, and its' teachers, chaperones, agents, employees, and licensees. "UNDERSIGNED" shall be the father and/or mother, or the guardian of the PARTICIPANT, or the PARTICIPANT if eighteen years of age or older.

The UNDERSIGNED understand that during the field study under the direction of the WAYNE LOCAL SCHOOLS, certain risks and dangers may occur, including, but not limited to, hazards, accidents or illness of any kind whether foreseeable or unforeseeable, the forces of nature, and travel by airplane, automobile, bus, train, or other conveyance. The UNDERSIGNED understand that many activities associated with the field study and related activities may take place in remote places without medical facilities.

In consideration of the right to participate in this field study and related activities and to utilize the services, including food, as provided, the UNDERSIGNED hereby assume all risks, including those set forth above, and hereby hold the WAYNE LOCAL SCHOOLS harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever whether foreseeable or unforeseeable, which arise from or in connection with the above described field study and related activities. This release and assumption of the risk shall apply to the any and all acts or omissions of the WAYNE LOCAL SCHOOLS. The terms hereof shall serve as a release and assumption of the risk for the UNDERSIGNED, his or her heirs, executors, administrators, and members of the Undersigned's family.

In the event emergency medical treatment is required for the PARTICIPANT while the PARTICIPANT is under the control and direction of the WAYNE LOCAL SCHOOLS, and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grants to the WAYNE LOCAL SCHOOLS the right to give consent for such treatment for the PARTICIPANT on behalf of the UNDERSIGNED. Said consent may be granted or withheld by the WAYNE LOCAL SCHOOLS as each of them, in their sole direction, shall determine. The UNDERSIGNED hereby waive any and all claims, which they may have against the WAYNE LOCAL SCHOOLS arising from the granting or the withholding of the aforesaid consent.

In the event that emergency medical treatment is provided to the PARTICIPANT, the UNDERSIGNED hereby authorizes WAYNE LOCAL SCHOOLS and/or any other entity providing medical services or material in conjunction with emergency medical treatment to the PARTICIPANT, to seek payment for said services or material and assigns any medical, insurance benefit for same services or material to Wayne Local Schools. from the following insurers of the PARTICIPANT:

INSURER NAME POLICY NUMBER

DATE STUDENT or PARTICIPANT

DATE PARENT(S) or GUARDIAN (Required if you're under the age of 18)

Sworn to me and subscribed by _____ in my presence on the _____ day of _____ .20__

NOTARY