Desert Sands Unified School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY ACTIVITY

Participants Name: _____ **Site:** LQHS

Description of Activity: Filipino American Veterans Appreciation Luncheon

Date(s) of Activity/Program: 15 Nov 2026 / AFJROTC

I give my permission for my son/daughter, to participate in the activity stated above. I understand that my child's participation is completely voluntary and at my own risk. I acknowledge that the Desert Sands Unified School District (District) does not provide any type of insurance including liability, property, or medical coverage for participants for any death, bodily injury, personal injury, or illness, or any loss to property sustained during my participation in this event.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to their child during the above described activity and agrees to waive all claims against the District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with my child's participation in the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

_____ _____
Signature of Legal Guardian Date

_____
Name of Legal Guardian (Please Print)

_____ _____
Signature of Participant (Minor) Date

_____
Name of Participant (Please Print)