



KINGS CANYON UNIFIED AQUATICS COMPLEX
Use Form

**RELEASE, DISCHARGE OF LIABILITY
AND ASSUMPTION OF RISK**

Name of Participant (adult or minor child): _____

Participant's Date of Birth: _____

Parent or Legal Guardian of minor: _____

Address: _____

Telephone: _____ **Emergency Telephone:** _____

Name of Activity ("the activity"): Recreational Swimming and Use of Facilities at Kings Canyon USD Aquatics Complex.

I, the undersigned, certify that I am the participant named above, or parent or legal guardian of the above-named child participant. I enroll myself or my child in the activity of my own volition and give myself/him/her permission to participate.

I am/my child is, physically fit to participate in the activity and have not/has not been diagnosed with any illness or medical condition that would impair my/his/her ability to participate in the activity. No physician has recommended against my/my child's participation.

I am aware that the activity poses a risk of injury to me/ my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself/myself and my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my/my child being permitted to enroll and participate in the activity, I agree (on my/my and my child's behalf, and on behalf of my/my and my child's successors, representatives, executors, heirs and assigns) to release and discharge Kings Canyon Unified School District, and its officers, agents, and employees ("Kings Canyon Unified"), from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to my/my child's participation in the activity, whether or not such liability arises from Kings Canyon Unified's negligence in organizing, planning, supervising, and implementing the activity.

I understand that by signing this instrument, I/my child and I (and my/our legal representatives, heirs, assigns or any other successors in interest) are barred from presenting any claim or instituting any civil action or presenting any claim for personal injury, property damage or wrongful death against Kings Canyon Unified who, through negligence or otherwise, might otherwise be liable to me/me, my minor child, my/my minor child's heirs, or other successors in interest for damages.

In the event of a medical emergency, I authorize medical personnel attending to me/my child to make decisions regarding immediate medical treatment as may be necessary until such time as I can be consulted. It is understood that an effort will be made to notify me or the emergency contact listed above. If above such action is taken and it is impossible to consult me or the emergency contact, the uninsured responsibility and expense of this service will be accepted by me.

I HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE CENTRAL UNIFIED. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Adult Participant's/Minor Participant's Parent/Guardian Signature:	Minor Participant's Signature, if 14 years or older:
Date:	Date: