



DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

7471 Larkdale Avenue, Dublin, CA 94568-1599 925-828-2551 FAX 925-829-6532

ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

In consideration of allowing the below identified minor to participate in the _____ program offered by the Dublin Unified School District and related events and activities, the undersigned acknowledges and agrees that:

1. I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity. I assume all risk, known and unknown, of injury, however caused, even if caused in whole or in part by the action, inaction, or negligence of the released parties to the fullest extent allowed by law; and,
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my student's participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health, and Alameda County Health Services Agency regarding the risks associated with COVID-19 exposure and safe practices to follow. If however, I observe any unusual or significant hazard during my presence or based on information provided to me, I will remove my student from participation and bring such to the attention of the nearest official immediately. Further, I have informed and discussed the dangers of participation and the required rules and regulations to allow participation with my student and he/she acknowledges a full understanding of such; and,
5. I, for myself and on behalf of my student, heirs, assigns, personal and representatives HEREBY RELEASE AND HOLD HARMLESS the Dublin Unified School District, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES") WITH RESPECT TO ANY

AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property., WHETHER ARISING FROM THE NEGLIGENCE OR RELEASES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Student: _____

Parent/Guardian Signature: _____

Date Signed: _____