

Superintendent John E. Deasy, Ph.D. **RISK MANAGEMENT** 701 North Madison Street Stockton, CA 95202-1687 (209) 933-7110 FAX (209) 465-5764

## RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, \_\_\_\_\_\_fully understand that my participation in the \_\_\_\_\_\_ (hereinafter "event/class") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue Stockton Unified School District for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of Stockton Unified School District or any other participants in the event/class.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless Stockton Unified School District from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN ON MY OWN FREE WILL.

Date: \_\_\_\_\_

Signature

Parent/Guardian if under age 18