



**RISK MANAGEMENT**  
701 North Madison Street  
Stockton, CA 95202-1687  
(209) 933-7110  
FAX (209) 465-5764

BOARD OF EDUCATION  
Cecilia Mendez  
Dr. Andrea Burrise  
Kathleen Garcia  
Lange P. Luntao  
Maria Mendez  
Angela Phillips  
Steve Smith

Superintendent  
John E. Deasy, Ph.D.

## Voluntary Activities

### Waiver of Liability, Assumption of Risk & Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in

hereinafter called “the Activity”, I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** Stockton Unified School District, its officers, employees, and agents from liability **from any and all claims including the negligence of Stockton Unified School District, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the Activity.

**Assumption of Risks:** Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in the Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Stockton Unified School District HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.



**RISK MANAGEMENT**  
701 North Madison Street  
Stockton, CA 95202-1687  
(209) 933-7110  
FAX (209) 465-5764

BOARD OF EDUCATION  
Cecilia Mendez  
Dr. Andrea Burrise  
Kathleen Garcia  
Lange P. Luntao  
Maria Mendez  
Angela Phillips  
Steve Smith

---

Superintendent  
John E. Deasy, Ph.D.

**Photographic Release:** I do hereby grant and convey unto Stockton Unified School District all right, title and interest in any and all photographic images and video or audio recordings made by Stockton Unified School District during my participation in the Activity, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs of recordings.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age (if  
Minor)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant if  
Minor

\_\_\_\_\_  
Print Name of Parent/Guardian of Participant if  
Minor

\_\_\_\_\_  
Date