WAIVER AND RELEASE OF LIABILITY

“Take Your Child to Work” Day

I wish to bring my child, young relative or friend, ten years of age or older, to work with me on April 27, 2000. I agree that while my child (or other) is at work with me, he/she will be with me and under my control at all times and that I will be solely responsible for my child (or other) during the entire time that he/she is with me.

I understand and acknowledge that exposing my child (or other) to my work environment presents the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, equipment, weather, vehicular traffic and the actions of others, including, but not limited to, co-workers, spectators and volunteers.

I acknowledge that this form will be used by ____________________________ School District and that it will govern my actions and my responsibilities.

In consideration and participation of this event, I hereby WAIVE, RELEASE AND DISCHARGE from any and all liability for the death, disability or personal injury to my child (or other), the ____________________________ School District, its directors, officers, employees, representatives and agents. I also agree to INDEMNIFY AND HOLD HARMLESS, the entities mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my child’s (or other’s) actions on April 27, 2000. THIS WAIVER, RELEASE AND DISCHARGE COVERS MY PERSONAL RIGHTS AND MY RIGHTS AS GUARDIAN.

Signature of Employee: ___________________________ Date: __________________

Parent or Legal Guardian of (please list name of each child):

____________________________________________________________________

____________________________________________________________________

Signature as Parent or Legal Guardian: __________________________________________

School District: ____________________________ Date: __________________