

LAKE HAVASU UNIFIED SCHOOL DISTRICT NO. 1
SUMMER STEM ACADEMY
RELEASE OF LIABILITY WAIVER

Summer STEM Academy Dates _____ Location _____
Name _____ Age _____ Parent's Name _____
Phone No. _____ Address _____

The student/child should complete this Agreement and Release of Liability ("Agreement") if student/child is age 18 or older. Student/child's parent or legal guardian should complete and sign this Agreement if student/child is under age 18.

I, the undersigned (or parent/guardian, if student/child is under 18 years old), understand that this is a legally-binding agreement and release of liability of the Lake Havasu Unified School District No. 1 (the "District").

I/student/child requests permission to participate in the Summer STEM Academy. In consideration of permission being granted to me/student/child to participate in the activity, I agree as follows:

1. **Voluntary Activity** I understand and agree that my/student/child's participation in the activities is purely voluntary and is not required by the District.
2. **Release of Liability** I, on behalf of myself/student/child, my/student/child's heirs, personal representatives, guardians, successors, and assigns, hereby release the District and its administrators, faculty, trustees, officers, directors, employees, volunteers, coaches, athletic trainers, team physicians, and agents, as well as any other organization through which student/child is participating in the activities and any respective employees and agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I/student/child may have arising from, or relating in any way (directly or indirectly) to my/student/child's participation in the activities, including without limitation any physical, emotional or mental injury or property damage that I/student/child may suffer as a result of my/student/child's participation in the Summer STEM Academy, to the maximum extent permitted by law.
3. **Acknowledgment of Risk** I recognize that participation in the activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: injuries from scientific or engineering experiments or their components; injuries from chemical reactions; physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as burns, scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, heat stroke and concussions to (3) catastrophic injuries including paralysis and death. I understand that the dangers, hazards, and risks of the STEM academy could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my/student/child's participation in the activity, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my/student/child's participation in the activity.
4. **Emergency Medical Treatment** I understand and agree that the District does not have medical personnel available at the location of the activities. I hereby grant the District permission to authorize emergency medical treatment, if necessary, and to transport me/student/child to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that the District assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.
5. **Fitness to Participate** I hereby represent that I am/student/child is physically and mentally able to participate in the activities and that I have/student/child has no health problems or physical or mental conditions that would present a risk to me/student/child or to others.
6. **Insurance** I represent that I am/student/child is covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my/student/child's participation in the activities. I agree to pay for any costs related to my/student/child's medical treatment that are not covered by insurance or if I/student/child has no medical insurance.
7. **Photographs** I consent to the use by the District of any photographs of me/student/child for publicity, promotion, advertising or other legitimate purposes.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am/student/child is giving up, among other things, rights to sue the District and Releases for injuries, damages or losses I/student/child may incur. I also understand that this release binds me/student/child, as well as my/student/child's heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the District and Releases from any liability in connection with any injury or harm suffered as a result of my/student/child's participation in the activities. I acknowledge that I have been made aware of any and all risks of participation in the activities.

I have read and understand that this Agreement is a release of legal rights and claims.
Signature (if over age 18) _____ Date _____

I further state that I am the student/child's parent/guardian, and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending for myself, for the student/child, and for the student/child's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Signature _____ Date _____
(Required if under 18 years of age)
Parent/Guardian Name (please print) _____ Phone _____