

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
PACIFIC GROVE ADULT EDUCATION**

COURSE/ACTIVITY WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Name: _____

Phone: (Home): _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Course/Activity: _____

Start Date: _____

As a condition of my participation in the above-listed Course/Activity, I, _____, for myself, my heirs, administrators, personal representatives, and successors, hereby waive the right to bring any claim, suit, or cause of action against, and voluntarily release, discharge, and agree to indemnify and hold harmless, the Pacific Grove Unified School District, including but not limited to Pacific Grove Adult Education, its employees, officers, Board of Education, members of its Board of Education, agents, and volunteers (collectively, the "District"), from, and against any and all claims, demands, causes of action, liabilities, damages, costs, or expenses of any kind (collectively, "Claims") arising out of, relating to, or in any way connected with any injury, death, loss, harm, or property damage to myself or any other person during my participation in, or transportation to or from, the above-listed Course/Activity, whether such Claims arise because of negligence or by any other cause.

This voluntary release and waiver shall include any and all Claims and causes of action that arise as a result of treatment of myself for an injury during or resulting from my participation in this Course/Activity, and/or transportation to a medical facility for medical treatment.

If I need medical treatment as a result of my participation in, or transportation to or from, this Course/Activity, I agree to be financially responsible for any costs incurred as a result of my participation in this Course/Activity. I understand and agree that the District does not provide health insurance for me and that I am responsible for carrying my own health insurance.

I attest that I am fit to participate in this Course/Activity, with no knowledge of any physical impairment that would result in injury as result of my participation in this Course/Activity. I further attest that I have full knowledge of the risks involved in my participation in this Course/Activity.

I acknowledge I have read this Waiver, Release, and Indemnity Agreement and that I have been advised that by signing this Waiver, Release and Indemnity Agreement I am giving up legal rights to which I may otherwise be entitled.

Signature of Participant

Date