## Susquehanna Community School District General Liability Waiver

Name of Activity/Event: Boys & Girls Basketball Camp	Date(s) of Activity/Event: June 27-29, 2017
Student's Last Name, First Name, Middle Initial:	
Home Address:	
Parent(s) or Guardian(s) Name(s):	
Parent(s) or Guardian(s) Telephone Numbers:	
I authorize the Coach/Advisor, to act for me according to their best judg unable to reach me.	ment in any emergency requiring medical attention when
Signature(s) of Parent(s) or Guardian(s)	Date
Signature(s) of Parent(s) or Guardian(s)	Date

## ACTIVITY PARENTAL CONSENT RELEASE from LIABILITY and INDEMNITY AGREEMENT

In consideration of the mutual understandings, disclosures, promises and covenants set forth herein, together with other good and valuable consideration the receipt of which is hereby acknowledged, we

the undersigned parent or guardian(s) of \_\_\_\_\_\_, a minor, do hereby consent to her/his participation in voluntary programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Susquehanna Community School District, and its officers, employees, servants, and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after she/he has reached her/his majority resulting or to result from her/his participation in Susquehanna Community School District's voluntary extracurricular programs or fundraising event. We the undersigned parent(s) / guardian(s) of the subject student intend to be legally bound by this authorization /release form.

Signature(s) of Parent(s) or Guardian(s)

Date

Signature(s) of Parent(s) or Guardian(s)

Date