



ASSUMPTION OF RISK, WAIVER AND GENERAL RELEASE OF ALL CLAIMS

READ CAREFULLY BEFORE SIGNING AT THE BOTTOM.

I the undersigned being over eighteen (18) years old, understand that my son/daughter desires to participate in activities associated with Volunteers In Public Schools (VIPS).

As a condition of his/her participation, and in consideration of being afforded this opportunity to participate in this activity, I, for myself, my heirs, successors or assigns, hereby **assume any and all risks** attendant to these activities, including claims in any way resulting from or associated with the activities. I understand that I am responsible for my son/daughter's own safety, health and welfare during this activity. I acknowledge and agree that my son/daughter is not required to participate in this activity, and that if at any time I feel uncomfortable in my son/daughter own skills and abilities, I will refrain from participation. I understand that this activity is or can be hazardous, and includes or may include numerous physical hazards.

I, for myself, my heirs, successors or assigns, hereby **waive** any and all claims that may result from participation in this activity and hereby **release and hold harmless** the Volunteers In Public Schools, its Board, agents, servants, and employees specifically including but not limited to the employees and agents associated with this activity, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death arising from the activity.

I understand that this is a GENERAL ASSUMPTION OF RISK, WAIVER, AND GENERAL RELEASE OF ANY AND ALL CLAIMS OR CAUSES OF ACTION that I may have or might accrue as a result of my son/daughter participating in this activity.

The invalidity of any portion of this Agreement shall not affect the enforceability of the remaining portions.

READ CAREFULLY, THIS IS A PERMANENT RELEASE OF ALL CLAIMS OF ANY TYPE OR NATURE IN ANY WAY ASSOCIATED WITH THIS ACTIVITY.

Signature

Date

Parent/Guardian of: _____
(Name of Student)