

# Waiver for 5th Grade Promotion Pool/Trampoline/Sports Party

I hereby grant permission for my son/daughter/ward, \_\_\_\_\_ (name) to participate in a party involving swimming, trampoline, food and outdoor sports at the home of the Lane Family at **735 Brewer Drive, Hillsborough CA 94010 on Friday, June 9<sup>th</sup> between 10:30am and 1:30 pm.** Transportation is not provided.

My child and I understand that all students participating at this event will be responsible in conduct to the adult sponsors and lifeguards at all times. I agree to allow my child to swim, play on the trampoline and engage in other outdoor play and sports activities, as well as make their own choices regarding eating the food served at the party, and I fully understand and accept all associated risk. My child is fully capable to engage in the activities identified herein, without restriction.

**I hereby waive and release any and all claims, including those based upon negligence, active or passive, that I may have in the future against the Hillsborough School District, the Lane Family (homeowners of 735 Brewer Drive), and all organizers, chaperones and hosts of the 5<sup>th</sup> Grade Promotion Party. Further, as stated in the California Education Code Section 35330, I understand that I hold the Hillsborough City School District its officers, agents and employees and the Lane Family harmless from any and all liability or claims, which my arise out of or in connection with my child's participation in this event.**

In the event of any illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. If any medication is to be administered during the event, please list here: \_\_\_\_\_ (Medication)

Please notify us if your son or daughter has special problems, dietary restrictions or physical limitations that the staff should be aware of. Kindly attach a description of that problem or issue.

I fully understand that participants are to abide by all rules and regulations governing conduct during the event. Any violations of these rules and regulations my result in the individual's asked to leave and picked up by parent or guardian.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_