ASSUMPTION OF RISK
AND
RELEASE FOR ACTIVITIES HELD ON PROPERTY OF THE SHELBY COUNTY BOARD OF EDUCATION

In consideration of my child/ward being permitted to participate in the after school hours program conducted by the _____. at _____
(Name of school)
I, as parent and guardian of the participating child, do hereby agree to assume all the risks and responsibilities relative thereto.

I hereby represent to the Shelby County Schools that the child is capable of participating in this activity and understand that participants are strongly encouraged to consult a physician prior to any participation.

I hereby recognize the risks of illness and injury inherent in any activity based program, and I am participating upon the express agreement and understanding that I do for myself, the child, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release and forever discharge Shelby County Schools, its respective officers, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of action, including attorney's fees and court costs on account of damage to personal property, personal injury, or death which may result from my participation in the athletic activity.

By my signature below, I hereby confirm my understanding of this release statement holding Shelby County Schools harmless, and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are strongly encouraged to obtain full insurance coverage prior to participation in the Program.

_____/_____
Signature Parent/Guardian Date

_____/_____
(Name of Child) Age

THIS FORM MAY BE DUPLICATED IF NECESSARY