

PERMISSION SLIP

I understand that the use of inflatable amusement rides is entirely voluntary. Some of the activities are physically rigorous, and they carry inherent risks. The risks must be assumed by each participant and his/her parents/legal guardians that the child may suffer a possibility of bodily injury, included but not limited to broken bones, broken teeth, head injuries, permanent paralysis, and possibility of death, from improper use of equipment, unsafe acts on the part of the participants, or failure of equipment. The inflatable amusement rides are not under the direct control of District staff. I understand this is a PTSA sponsored event. The District and its staff cannot be responsible for the condition of the equipment, and cannot be responsible for the inherent dangers of each piece of equipment. (Parent initial)_____

I certify that I have adequate insurance to cover any injury that may be sustained by my child and cover any injuries or damages that may be caused by my child, or else I agree to bear the costs of such injury or damage myself. (Parent Initial)_____

I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. (Parent Initial)____

I agree to indemnify, defend and hold harmless Lake Washington School District, its elected and appointed officials, employees, agents, staff and volunteers from any and all claims, liabilities, damages, expenses, or rights of action arising out of, or connected to personal injury, illness, death or property damage in connection with the inflatable rides including, but not limited to, events over which they exercise no control, such as actions of the vendor, other participants or other parties, or act of God, except for sole negligence of the District. (Parent initial)_____

I authorize qualified medical personnel to examine and in the event of injury or serious illness administer emergency care to my child _____ (please print name). I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of Parent/Legal Guardian

Date

Parent/Legal Guardian Name Printed

Phone Number