

**ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**  
**STUDENT**

For Study Trip - Washington DC, 2016

I understand that this study trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

**By signing this form, however, I hereby** release Kenowa Hills Public School, its Board members, administrators, directors, officers, teachers, employees, agents, assigns and parent volunteers/volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including and and all related costs, attorney fees, liabilities, settlements, and/or judgements.

**SIGNATURE:**

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

This consent and release has been read and is understood by me.

\_\_\_\_\_  
Student’s Full Name (PRINTED)

\_\_\_\_\_  
Signature of Student’s Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Name of Parent or Legal Guardian