



EAU CLAIRE
AREA SCHOOL DISTRICT

500 Main Street
Eau Claire, WI 54701-3770
(715) 852-3000 - Fax (715) 852-3004

WAIVER AND RELEASE OF CLAIMS

By signing below, the undersigned expressly agrees and understands that _____ is participating in the ECASD activities at his/her own risk. The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understand these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold the School District of Eau Claire, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Signature of Parent/Guardian:

Signature

Date

Print Name

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of _____ to participate in the above-mentioned recreational activities. I understand that since the School District of Eau Claire does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold the School District of Eau Claire, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Signature of Parent/Guardian:

Signature

Date

Print Name



EAU CLAIRE
AREA SCHOOL DISTRICT

500 Main Street
Eau Claire, WI 54701-3770
(715) 852-3000 - Fax (715) 852-3004

ATHLETIC CAMP PERMISSION SLIP

CAMP NAME: _____

EMERGENCY MEDICAL INFORMATION

Student's Name: _____

Student's Grade: _____ Student's Birthday: _____

Student's Primary Address: _____

Parent/Legal Guardian's Full Name(s): _____

Home #: _____ Cell #: _____ Work #: _____

Parent's Email: _____

Alternate Emergency Contact Name: _____ Relationship: _____

Home #: _____ Cell#: _____ Work #: _____

Preferred Emergency Facility: _____

Medical information (allergies, medications, etc.): _____

BY SIGNING THIS PERMISSION SLIP, YOU ARE AGREEING TO THE ITEMS BELOW UNLESS OTHERWISE NOTED:

- ✓ I authorize SCHOOL PERSONNEL to transport my child to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed. Further, I authorize the PHYSICIAN(S) and HOSPITAL STAFF to treat my child as they deem necessary in any non-life-threatening emergency situation.
- ✓ I attest to the fact that the named student/athlete has not been hospitalized or suffered any serious illness or injury since his/her last physical examination. Comments: _____
- ✓ I fully realize that the school does **not** provide insurance coverage and that there is an inherent risk of injury by participating in the above activities. *(Please ask if you are in need of insurance, we have help available)*

Student's Signature* _____

Parent/Legal Guardian's Signature* _____ Date: _____

*Signatures indicate agreement to document and verification that information provided is true and accurate.