

SOUTH LAKE HIGH SCHOOL RELEASE AND ASSUMPTION OF RISK

This is a release and assumption agreement made on _____, 20 __,

by _____ residing at _____

City of _____, Macomb County, Michigan.

In consideration for the permission granted my (child) _____

Student's Name

by the South Lake School District, 23101 Stadium Blvd., St. Clair Shores, MI 48080, to

participate in _____

Activity Description

on _____.

Date

That I assume all risk and responsibility of injury or death to my student and injury to property by reason of participation in the above described activity, and to release and discharge the South Lake School District, its officers, Board and employees from any claim to me on behalf of myself, next of kin or estate for injuries or death to my student and injuries to property which result from or arise out of the above described activities.

I have read this release and assumption of risk agreement and understand it, and I sign it voluntarily

and with full knowledge of its terms at _____

Designate place of execution

Parent(s) or Legal Guardian(s) Signature

Signature(s)