DOUGLAS COUNTY SCHOOL DISTRICT RE – 1

_____

(School – Activity)

RELEASE, ACKNOWLEDGEMENT, AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I/we understand that during my child's participation in ____ 2011- Football Camp **___**
He/she may be exposed to risk of possible injury, which could be serious.

I/we understand, too, that it is not possible for Douglas County Schools, its employees or agents, to guarantee or otherwise assure the effectiveness of the safety measures or that the safety measures will be used in every instance. I further understand that mistakes, errors, or neglectful acts or omissions may happen and that equipment may fail. Also, I/we assume the responsibility for safety in all activities.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the _____ and agree to advise my child to comply with the instructions and directions of Douglas County School District staff members during the program and use of all equipment.

I/we (print parents names)_____in return for my child's opportunity to participate in __ 2011-Football camp **___ do hereby exempt and release the Douglas County Schools its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the __** 2011-Football camp **___, whether or not such damage, loss or injury results from the negligence of Douglas County Schools, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the _____. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)guardian(s) of _____**
I/we further acknowledge that no representation or promises by Douglas County Schools representatives have been made to induce me to sign this release.

Every individual participating in __ 2011- Football Camp **___ must carry health/accident insurance coverage. Douglas County Schools does not offer any medical/accident insurance to participating students, and makes no claim to do so.**

_____ **Date**_____
Parent/Guardian Signature

_____ **Date**_____
Parent /Guardian Signature

I agree to follow all safety rules and teacher instructions at all times while participating in _____. I understand that failure to obey rules will result in my suspension from activities.

_____ **Date**_____
Student Signature