

34th Annual STUCO Mud Volleyball Tournament

Release Form

_____/_____
Name of Team (Please Print) Team Number

_____/_____
Name of Participant (Please Print) Emergency Phone Number

Circle One: Senior Junior Sophomore Freshman Parent Teacher

In order for any student to participate in the Annual STUCO Mud Volleyball Tournament, it is necessary for all parents or guardians of the student, and the student participant to sign this release form. Failure to do so will result in non-participation. There will be no exceptions.

In consideration for the above named Participant being allowed to participate in the Annual STUCO Mud Volleyball Tournament, the undersigned for herself/himself and on behalf of the Participant hereby RELEASES, WAIVES DISCHARGES and covenants not to sue USD#497, the City of Lawrence, Kansas, Douglas County, Kansas, any teacher, employee, administrator, board member, agent or any other individual affiliated with said entities, and hereby releases all such entities and individuals from any and all loss or damage and any claim or demand therefore on account of the Participant's participation in the Annual STUCO Mud Volleyball Tournament, whether caused by the negligence of said entities or individuals or otherwise. We further certify that the participant has an updated tetanus immunization.

Further, in consideration of the above named participant being allowed to participate in the Annual STUCO Mud Volleyball Tournament, the undersigned each for herself/himself and on behalf of the Participant agree to indemnify said entities and individuals if any of them are threatened to be made a party to, or is made a party to action, suit or proceeding, whether civil, criminal, administrative, or investigative (collectively a "Proceeding") by reason of the fact of death or injury of the Participant from participation in said event, to the full extent permitted by the Kansas Law. Such right to indemnification shall be a contract right and shall include the right of said entities and individuals to be fully paid by the undersigned for all expenses incurred in defending any Proceeding in advance of its final disposition to the fullest extent permitted under Kansas Law.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND HAVE EXECUTED THE SAME, AND I REPRESENT THAT I FULLY UNDERSTAND THE SAME.

2019 STUCO Mud Volleyball Tournament Release Form

Name of Participant _____ Year: 9 10 11 12

I/We the undersigned, referred to as the parents or guardians of the applicant listed above do hereby represent that I/we am/are, in fact, acting in such capacity and acknowledge the risks set forth above the act on behalf of the Participant in so acknowledging.

Parent / Guardian Information

(ALL STUDENTS MUST HAVE PARENTAL PERMISSION, EVEN 18 YEAR OLDS.)

Emancipated Students Must Have Assistant Principal Contact Jo Huntsinger by May 4th

Name of Parent (Please Print)

Home Phone

Work Phone

Cell Phone

Address

Emergency Contact Names & Telephone Number

1) _____
Name (Please Print) Home Phone Cell Phone

2) _____
Name (Please Print) Home Phone Cell Phone

Signatures (ALL STUDENTS MUST HAVE PARENTAL PERMISSION, EVEN 18 YEAR OLDS.)

Signature of Participant

Printed Name of Participant

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date