

## High Risk Activity Documentation (2017-2018 School Year)

In the spirit of supporting parents/guardians as educators in the OASIS School, Orcas Island School District recognizes the independent choice of parents/guardians to design educational activities, which challenge their children in a positive learning experience. When that choice and designation involve high-risk activities, however, the Orcas Island School District **STRONGLY RECOMMENDS** engaging in a safer alternative. If parents/guardians choose to exercise their preference to design their children's educational experience to include engagement in these high-risk activities, then the following must apply:

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**Instructions: Parent/Guardian Initial required on each line, and completed signature required on last page**

**Proof of medical insurance for the student is required. (This can be attached, or faxed directly to OASIS at 360-376-1524).**

\_\_\_\_\_ I understand that the District will not enter into any hold harmless or indemnity agreements with vendors.

\_\_\_\_\_ I understand that the District is not responsible for transportation, supervision, sanitation, quality of instruction or equipment utilized in accordance with these high risk activities and I accept full responsibility for my child/children's participation.

\_\_\_\_\_ While every effort will be made to protect the safety of the students, high-risk activities carry an inherent risk. I am aware that each above-listed activity is a HIGH-RISK SPORT and that practicing or competing in these activities will be a dangerous and unpredictable activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and competing in these activities include, but are not limited to drowning, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular/skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in these activities may result not only in serious injury, but in a serious impairment of my child's or children's future abilities to earn a living to engage in other business, social and recreational activities and generally to enjoy life.

\_\_\_\_\_ I release, waive, discharge and relinquish Orcas Island School District, its officers, employees, volunteers and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise.

\_\_\_\_\_ I release Orcas Island School District from any and all risks and responsibilities of personal injuries and property damage of the minor or caused by the minor arising from the minor's participation in the event or activity.

\_\_\_\_\_ I hereby assume all the risk normally associated with high risk activities and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_ We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in anyway received on account of or while engaged in any high-risk activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

\_\_\_\_\_ I have read the above warning and release and understand its terms. I understand that HIGH-RISK ACTIVITIES involve many RISKS OF INJURY, including but not limited to those risks outlined above.

\_\_\_\_\_ By signing below, I certify that I have read the above, understand its content, and agree to its terms for each of my children listed above.

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Student \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name of Parent/Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed Name of Parent/Legal Guardian** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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email: oasiscbi@orcas.k12.wa.us

**www.OASISK-12.org**