

**SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES**

**ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY  
AGREEMENT FOR VOLUNTARY ACTIVITY**

I \_\_\_\_\_ have voluntarily decided to  
(PRINT FULL NAME OF STUDENT)  
participate in the activity or activities shown below, and have parental approval to do so.

<i>Name/Description</i>	<i>Location</i>	<i>Sponsoring Site</i>	<i>Date(s) of Activity</i>

**1. Acknowledgement of Voluntary Participation** – I, and/or participant, understand and acknowledge that my participation is NOT required by School for Integrated Academics and Technologies (“SIATech Academy South”), or its Charter Authorizer and that I voluntarily choose to participate.

**2. Assumption of Risk** – I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by SIATech Academy South, its Charter Authorizer, or any of their officers, agents or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- \*Sprains/strains
- \*Fractured bones
- \*Unconsciousness
- \*Head, face or dental injuries
- \*Other \_\_\_\_\_
- \*Paralysis
- \*Loss of eyesight
- \*Communicable diseases
- \*Disability or death

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.

**3. Release from Liability** – I, and/or participant, hereby voluntarily release, discharge, waive, and relinquish any and all claims or causes of action against SIATech Academy South, its Charter Authorizer, or their officers, agents and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant’s engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of SIATech Academy South, its Charter Authorizer, or any of their officers, agents or employees.

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.**

\_\_\_\_\_  
**Print Participant Name**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent or Guardian Name**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**