

Injury Waiver Form

We, the undersigned, student, and parents/guardians of _____, do hereby release, waive, discharge, and covenant not to sue the Pike-Delta-York School District Board of Education, its individual members, Superintendent, principals, administrators, employees, agents or anyone acting on its behalf, from any and all liability, claim, demand, action or cause of action, of what ever kind of nature, either in law or equity, arising from or by reason of any bodily injury or mental injury, known or unknown, including death, resulting from or to result from _____'s participation in sports and/or any other extracurricular activity on behalf of or in the name of the Pike-Delta-York District Board of Education.

We hereby assume full responsibility for and risk bodily injury, personal injury or mental injury or death due to _____'s participation in sports and/or other extracurricular activities on behalf of or in the name of the Pike-Delta-York School District Board of Education.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

We further state that I/We have carefully read the above release and know the contents of same and sign this release as our own free act.

Date: _____ Parent/Guardian _____

Date: _____ Student _____