 ASSUMPTION OF RISK AND RELEASE FOR **STARFISH CIRCUS**

**ACTIVITIES HELD ON PROPERTY OF THE**

**ARLINGTON COMMUNITY SCHOOLS**

In consideration of my child/ward being permitted to participate in the after school hours

program conducted by the **Starfish Circus production** at Arlington High School.

I, as parent and guardian of the participating child, do hereby agree to assume all the risks and

responsibilities relative thereto.

I hereby represent to the Arlington Community Schools that the child is capable of participating

in this activity and understand that participants are strongly encouraged to consult a physician

prior to any participation.

I hereby recognize the risks of illness and injury inherent in any activity based program,

and I am participating upon the express agreement and understanding that I do for myself, the

child, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release

and forever discharge Arlington Community Schools, its respective officers, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of action,including attorney’s fees and court costs on account of damage to personal property, personal injury, or death which may result from my participation in the athletic activity.

By my signature below, I hereby confirm my understanding of this release statement holding Arlington Community Schools harmless, and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are strongly encouraged to obtain full insurance coverage prior to participation in the Program.

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Signature Parent/Guardian Date

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Signature, Date & Seal of Authorized Notary Public