

**APPLICATION INFORMATION FORM AND RELEASE OF LIABILITY
PARK CITY SCHOOL DISTRICT**

Group/Class _____ Date _____ Location - Ecker Hill Middle School

IMPORTANT: THIS LIABILITY RELEASE MUST BE READ VERY CAREFULLY. FILL OUT COMPLETELY AND SIGN BEFORE PARTICIPATING IN THE ACTIVITIES.

As partial consideration for Park City School District permitting the Undersigned to participate in the activity described below, the Undersigned releases Park City School District from any and all liability for any physical or mental harm suffered by the Undersigned as a direct result of the Undersigned's participation in that activity. The Undersigned acknowledges that his/her participation in the activity is voluntary and undertaken after having been advised of the nature of the activity by Park City School District personnel. The Undersigned acknowledges that he/she may cease participation in the activity at any time for any reason. The Undersigned acknowledges that the activity is physically demanding and involves participation where uncontrollable natural risks and dangers may occur as well as some risk of the failure of another participant to follow the rules and instruction of Park City School District personnel. The Undersigned fully understands the nature of the activity in which the Undersigned is to participate and the risks involved. The Undersigned also recognizes that during the Undersigned's participation in the activity he/she may be exposed to extraordinary physical hazards, unforeseen weather conditions, or other unknown circumstances and events. The Undersigned considers herself/himself physically, mentally, and emotionally fit. The Undersigned has no knowledge of any mental or physical condition which would be aggravated, or cause any harm, or prevent participation or make participation in the activity by the Undersigned unreasonable because of a physical or mental health condition. The Undersigned has never been advised by any medical practitioner not to participate in anything identical or similar to the activity. The Undersigned has represented the forgoing medical condition to the Park City School District personnel. The Undersigned has revealed to the Park City School District personnel any and all mental and/or physical problems or discomforts which may develop during any stage of the Undersigned's participation in the activity and upon suffering the same will immediately cease participation in the activity. The Undersigned has been encouraged by Park City School District personnel to ask any and all questions relating to the Undersigned's participation in the activity. Therefore, the Undersigned agrees to assume all risk of participation in the activity and as partial consideration for participation in the activity releases and holds the Park City School District personnel, representatives, assistants, employees and related entities harmless from any and all liability, loss or damage, actions, claims, and demands, which may arise from the Undersigned's participation in the activity.

The Undersigned agrees to abide by all rules, regulation, and standards for these activities or to accept dismissal for refusing to follow them.

Participant's Name(Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (435) _____ Work () _____

Signature of Parent/Guardian signing for minor: _____

Parent / Guardian Address (If different from above): _____

Parent / Guardian Phone (If different from above): _____