SALEM ACADEMY & COLLEGE
WINSTON-SALEM, NORTH CAROLINA

ACKNOWLEDGMENT OF RISK AND RELEASE FROM LIABILITY

STATEMENT BY PARENT/GUARDIAN

I, ________________________________, being the parent/guardian of ________________________________, a student at Salem Academy & College (“Salem”), do participate in the following sport or activity (“activity”):

ACTIVITY: _______________________________________________________________

I am aware that any activity involves a certain degree of risk, and that the amount of risk will vary significantly depending upon the activity. I have taken the time to carefully consider the risks associated with this particular activity, and hereby acknowledge and accept these risks, including the risks inherent in the travel involved in the activity.

Additionally, should my child sustain any personal injury of any kind or any property damage as a result of participation in this activity, I hereby release and hold harmless Salem and its governing board, faculty members, agents, and employees from any and all liability claims, actions, costs and expenses that may arise from injury or harm to my child, or from damage to my or my child’s property. I understand that this Release covers liability, claims and actions caused entirely or in part by any act or failure to act by Salem (or its board, faculty, employees, or agents), including, but not limited to, negligence, mistake, or failure to supervise by Salem. This Release covers all aspects of this activity, including formal and informal rehearsals/practices, actual participation, and travel to and from any practice, event or activity.

I voluntarily and knowingly agree to protect, hold harmless and indemnify Salem, its board, faculty, employees and agents against all liabilities, claims, suits or demands for injuries to any person and/or property arising out of my child’s participation in this activity.

I recognize that this Release means I am giving up, among other things, the right to sue Salem, its board, faculty, employees and agents for injuries, damages or losses that may occur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as me.

I have read this entire Release, I fully understand it and I agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to this Release or the activity. I acknowledge that my child is covered by adequate medical and/or accident insurance.

_____________________________________
Parent’s or Guardian Signature

_____________________________________
Date