ACKNOWLEDGMENT OF RISK AND RELEASE FROM LIABILITY

I, ______________________________, being the parent/guardian of ___________________________, a student at Salem Academy & College (“Salem”), do hereby give to Salem my permission for ____________________________________ to engage 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 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 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.

_________________________________________________________  __________________________________________________________
Insurance Company – Medical                                           Parent’s or Guardian’s Signature

_________________________________________________________
Policy # - Medical                                                  Date

_________________________________________________________
Insurance Company – Accident

_________________________________________________________
Policy # - Accident