

ASSUMPTION OF RISK AND RELEASE  
FOR ACTIVITIES HELD ON PROPERTY OF THE  
SHELBY COUNTY BOARD OF EDUCATION

In consideration of being permitted to participate in the recreation, athletic, cheerleading, dance program, clinic, or camp conducted by:

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I \_\_\_\_\_ do hereby agree to assume all the risks and responsibilities relative thereto.

Further, I hereby represent to the Shelby County Schools that I am capable of participating in this activity and understand that participants are strongly encouraged to consult a physician prior to any participation.

And, 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, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Shelby County Schools, its respective officers, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of actions -- including attorney's fees and court costs -- on account of damage to personal property, personal injury, or death which may result from any participation in the recreation, athletic, cheerleading, dance program, clinic, or camp.

By my signature below, I hereby confirm my understanding of this release statement holding Shelby County 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 recreation, athletic, cheerleading, dance program, clinic, or camp.

PARTICIPANT'S SIGNATURE

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DATE: \_\_\_\_\_

PARENT/BUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

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DATE: \_\_\_\_\_.

(NOTE: THIS FORM MAY BE DUPLICATED AS NECESSARY)