MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

ADULT VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY
HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

(For use when planning field trips / activities that may involve some degree of risk.)

Date: _____

Name: _____ hereby requests participation in

the following activity: _____.
(Description of activity, please be specific)

I understand that this activity could cause illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a Manhattan Beach Unified School District (District) volunteer in this activity, I acknowledge that workers' compensation is my only recourse for any bodily injuries sustained during my course as a District volunteer. I agree to waive all claims against Manhattan Beach Unified School District and to indemnify and hold District, its officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

_____
(Signature)

Family Medical
Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact:

_____ _____
(Name) (Relationship)

Work ( )_____
Home ( )_____
Cell ( )_____

2007

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