

Lifetime Activities Disclosure

Glendale Middle School Summer Program

Instructor - Lucas Tucker

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Coordinator – Erica Andino

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Participant/Student (please print full name) _____

I understand that participation in certain activities offered at the Glendale Middle School Summer program, Lifetime Activities class, involves a certain degree of risk that may result in injury or death. Personal Safety and avoidance of injury or harm is of utmost importance and is of a highest priority in all of our programs. Every effort is made to insure that students and adult participants are properly trained and warned of potential hazards and harm. Activities in class, specifically bike riding, bike maintenance, archery and weight lifting carry with them inherent exposure to a variety of hazards and risks foreseen or unforeseen, which are intrinsic in each activity and cannot be eliminated without jeopardizing the essential qualities of the activity. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death from exposure to the hazards of travel and the activity itself. I certify that the Glendale Middle School Summer Program, the Salt Lake City School District nor any of their employees has not tried to contradict or minimize my understanding of these risks.

I freely accept and fully assume the risk that my student can get hurt, in ways that are unknown and unexpected, and even when following the instructions of the Glendale Middle School Summer Program faculty.

I have given _____ (student) my permission to participate in all class activities. I further authorize my son or daughter (or other minor to whom I have legal guardianship responsibilities) to participate specifically in biking and archery activities. In case of emergency, I understand that every effort will be made to contact me. I have provided accurate medical information pertaining to the above listed student that, though not entirely comprehensive, may be useful to Glendale Middle School Summer Program faculty to determine the appropriate degree of participation for my student, and agree to hold harmless the Glendale Middle School Summer Program or the Salt Lake City School District or any person in the case of injury or death.

In the event that I cannot be reached, I hereby give my permission to the physician selected by the Glendale Middle School Summer Program faculty in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections to my child.

Signed this date _____ / _____ / _____
Month Day Year

Signature of Parent/Guardian

Print Name Clearly