Hold Harmless Agreement

I have read the Bering Strait School District and/or site activity guidelines and understand their contents. I authorize the school district, or local school to transport my child for any extra-curricular activity. I understand that neither the local Board of Education nor the Alaska School Activities Association carries sports or activities insurance and will not assume responsibility for injuries sustained in the extra-curricular programs. I also understand that accident insurance coverage is my responsibility. I give consent for emergency treatment to be administered to my child.

I understand that all extra-curricular activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my child's future abilities to earn a living; to engage in other business, social and recreational activities, and enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, and I agree to obey such instructions.

Having read the above warning and having understood the dangers and potential risks

| involved in playing or practicing these activities guardian of and all student activities during the | (student's name) to participate in any |
|---|--|
| I understand that since neither the local Board of Education nor the Alaska School Activities Association carries sports activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold Bering Strait School District, its employees, representatives and coaches harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to any extra-curricular high school programs. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family. | |
| Student Signature | Date |
| Parent/Legal Guardian Signature | Date |