

## Transfer of Supervision from BSSD to Other

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include \_\_\_\_\_ School, it's employees and the Bering Strait School District and it's employees.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the transfer of travel supervision from the Bering Strait School District to \_\_\_\_\_ and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing during said activity, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of the transfer of travel supervision from the Bering Strait School District to \_\_\_\_\_ and understand these waivers and releases are necessary to allow said activity to take place.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

Age \_\_\_\_\_

Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN NAME (PRINT)

*This form to be retained by local program.*