

**Sunnyvale-Cupertino Adult Education  
Parent Education  
Adult Student/Child Waiver Notice  
Medical Authorization/Waiver & Release of Liability**

**This form is for all school site activities and field trips taken in the school year.**

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue. The Undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Fremont Union High School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge and understand that there are dangers and risks that are inherent in the above described activities including, but not limited to, the risk of serious injury, impairment to my body, general health and well-being, or death that may occur through the athletics/activities/classes. These risks and dangers also include conduct that may not be part of the ordinary risks of the athletics/activities/classes. This release and waiver as set forth in the above paragraph shall also apply to all conduct and any resulting injury or death that occurs thereby in whole or in part from any cause whatsoever.

It is the intention of the student, by this instrument, to exempt and relieve the Fremont Union High School District from liability for personal injury, property damage or wrongful death caused by negligence.

I hereby consent to this agreement in order to participate in the above named activity. I have read the foregoing paragraphs, have been fully and completely advised of the potential dangers incidental to engaging in this activity and am fully aware of the legal consequences of signing this document.

Pursuant to California Education Code Section 35330. I hold the **Fremont Union High School District**, it's officers, employees, and agents harmless from all liability and claims arising out of or in connection with my and/or my child's participation in this activity. The District does not provide or assume responsibility for transportation of students to and from community events or program activities.

In the event of any illness or injury to the adult student or child participating in the voluntary field trip, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my and/or m child's safety and welfare. Any resulting expenses will be the responsibility of the participating adult student.

**If there are any special medical problems that the District should be aware of, please attach a description of the problem to this form. Thank you.**

\_\_\_\_\_  
**Signature of Participating Adult**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian for Minor Child**

\_\_\_\_\_  
**Date**