

AGREEMENT

This agreement is entered into by and between _____
and Independent School District No. 624, White Bear Lake Area Public Schools.

WHEREAS, _____ is attending _____

located in _____, on _____.

WHEREAS, the Parent represents that he/she has the legal right to make decisions relating to the education and safety of the Student;

WHEREAS, the parent has requested that their son/daughter (describe request)

WHEREAS, the District seeks to comply with the Parent's wishes regarding the Student's education and safety;

NOW THEREFORE, IN CONSIDERATION OF being permitted to allow his/her Student to

the Parent hereby releases the District, its officers, agents, and employees, from any liability for damages from illness, injury and/or death that arises out of, or is connected with, or in any manner relates to the release of the "Student" from the District's supervision on said field trip. The mutual promises and agreements contained in this document, the Parent, the Student, and the District hereby agree as follows:

1. The Parent and Student are submitting this release, waiver of liability, and assumption of risk declaration voluntarily and their own free will.
2. The Parent and Student understand and EXPRESSLY ASSUME all the dangers incident releasing the Student from District supervision, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which they may ever have against White Bear Lake Area Public Schools, its officers, agents and employees.
3. The Parent and Student hereby agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence and is intended to be broad and inclusive as is permitted by the laws of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing below, each party acknowledges that it has read and fully understands the terms of this Agreement, and that it intends to be legally bound by those terms.

Dated: _____
(Parent's name)

Dated: _____
Tim Hermann, Activities Director

Request must be submitted the day before requested event.
FAX #651-773-6275