



Division of Risk Management & Insurance Services

RISK FINANCE AND INSURANCE SERVICES

333 S. Beaudry Ave. 28th Floor
Los Angeles, CA 90017

Participant Waiver and Release of Liability

Participating Office: _____

Event: ("Event") _____ Date: _____

- In return for being permitted to participate in this Event, including any associated use, interaction, and visitation of Los Angeles Unified School District ("LAUSD") premises, facilities, school sites, staff, students, and, equipment, I for myself, heirs, personal representatives, and assigns, do hereby forever release, waive, and discharge LAUSD its officers, employees, students, and the Los Angeles Unified Board of Education, from liability from any and all claims, damages, and causes of action, including negligence, resulting in personal injury, death, accidents, illnesses, and property loss, known or unknown, in connection with this Event and my participation in the Event.
- I am voluntarily participating in this Event and have been informed of and understand the risks associated with participation in this Event. Participation in this Event, including receiving vaccinations and immunizations, could involve the risk of physical injury, illness, disability, death, or property loss despite safety precautions. By participating in this event, I accept, acknowledge these risks and liabilities, and hold LAUSD harmless from any liability or claim.
- I understand and agree that I will not be covered under any of LAUSD's insurance, liability or Workers' Compensation programs for any injury, death, or damage incurred or caused as a result of my participation in the Event. I agree that I will be responsible for any and all expenses incurred as a result of personal injuries, death, and/or property damage from my participation in this Event.
- I agree that I am completely responsible for all liabilities, damages, and injuries I may cause to LAUSD property, its members, employees, students, and all third parties as a result of my participation in this Event including personal injuries, death, or property damage caused by my activities or actions.

BY SIGNING BELOW, I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN ON MY OWN FREE WILL.

Print Name	Signature	Phone Number	Date



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