

**RELEASE ON BEHALF OF MINOR
AND HOLD HARMLESS AGREEMENT
FOR THE YOUTH COMMUNITY SERVICE PROGRAM (as of 2/27/09)**

I am the parent or guardian of _____ a student at
print student's name
_____ and I allow her/him to participate in the Youth Community Service
school
Gunn Service Day including any travel associated with that program, on March 5, 2009.

In return for the benefits my child/ward will receive from Youth Community Service, I agree not to sue, and I agree not to hold harmless the Palo Alto Unified School District, along with its staff and volunteers, for and from liability for personal injury, including physical and emotional injuries and/or property loss/damage which my child/ward may incur while she/he participates in the Youth Community Service program.

I understand that this release and hold harmless extends to any loss or injury which results from the failure to supervise, instruct or otherwise control the individuals participating or present, provided that the number or qualified instructors indicated in the program announcement are provided and on duty.

I authorize the adult team leader to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University or at the closest hospital. It is understood that an effort will be made to notify me. If such action is taken, and it is impossible to locate me, the uninsured responsibility and expense of this service will be accepted by me.

THIS DOCUMENT IS INTENDED TO PROTECT THE PALO ALTO UNIFIED SCHOOL DISTRICT AND ITS STAFF AND VOLUNTEERS FROM CLAIMS OF NEGLIGENCE (THE FAILURE TO USE REASONBLE CARE). THIS DOCUMENT IS NOT INTENDED TO PROTECT THE SCHOOL DISTRICT FROM LIABILITY FROM THE WILLFUL OR INTENTIONAL INJURY TO PERSON OR PROPERTY OF ANOTHER.

I have fully read this agreement and fully understand its contents. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE ENTITIES IDENTIFIED ABOVE AND ME. I further understand that this release is binding on my heirs or anyone making a claim. I sign this of my own free will.

signature of parent or guardian

date

print name

phone #