

SIDNEY PUBLIC SCHOOLS

OPEN GYM/SCHOOL USE LIABILITY RELEASE FORM - FOR STUDENT

It is the policy of the **Sidney Public School District** to require a signed liability release before allowing anyone to participate in a non-school activity on school property. I understand that the school and the staff will do as much as possible to ensure reasonable safety measures have been taken by the District. In consideration of the District's agreement to allow **me (student)** to participate in open gym, or use of other facilities, I agree to accept responsibility for any loss or injury to me that occurs during my participation that is not the result of fraud, willful injury or the willful or negligent violation of a law by a trustee, employee or agent of the **Sidney Public School District**.

In the event it becomes necessary for the District staff in charge to obtain emergency care for me, neither he/she nor the School District assumes financial liability for expense incurred because of an accident, injury, illness and/or unforeseen circumstances.

STUDENTS NAME: _____ DATE: _____
(Please Print)

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

HOME TELEPHONE NUMBER: _____ CELL PHONE: _____

Do you have a medical condition which the school should be aware of before allowing you to participate?

Yes _____ No _____

If yes, please state the nature of the medical condition.

COACH/ADVISOR SIGNATURE: _____ DATE: _____

PLEASE RETURN TO
SIDNEY PUBLIC SCHOOLS ADMINISTRATION OFFICE
200 3RD AVE SE
SIDNEY, MT 59270