

WATERTOWN UNIFIED SCHOOL DISTRICT
Watertown, Wisconsin

This form must be on file to ensure your son/daughter is allowed to participate in this activity.

LIABILITY WAIVER

Permission is hereby granted for _____
Name of student

to participate in **Summer School 2017 Wrestling class**

as sponsored by **Watertown Unified School District**

during the **weeks of June 19 through July 20, 2017**

It is understood that the students and parents will not hold the school district or its employees liable in case of student accident or injury while in participation. The supervisors will exercise all reasonable caution to protect your son or daughter from injury.

Permission is also granted to take the student named above to a doctor and/or hospital if there is a need for emergency medical attention.

In order to better serve the needs of each member of the event, chaperones should be informed of any physical/medical restriction, allergies, conditions, etc., that could affect the student at the time of the event. Such information should be attached to this form and will remain confidential with the chaperones at the request of the parents.

Inasmuch as this event is an extension of school, school policies and regulations (which are published annually) will be observed at all times by the undersigned. If the student does violate the above policies, he/she will be sent home at the expense of the parent/guardian. The parent/guardian will be notified of the incident and travel arrangements will be made by telephone.

Signed waiver must be submitted before student will be allowed to participate!

(Student) (Date)

(Parent/Guardian) (Date)

Name and number of emergency contact while child is on field trip:

Name _____ Phone _____

Relationship to student _____

Policy approved: August 10, 1995

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