

## Ragsdale Disc Golf Liability Waiver Form

To the best of my knowledge, I (or "my child" if signing for a student at Ragsdale) am in good physical condition and fully able to participate in disc golf. I understand that there are several liability risks associated with participating in this activity such as (but not limited to) damage to a building or car, personal injury, injury to pedestrians who might walk through the course, etc. I recognize that entering the disc golf course on the property includes exposure to potentially harmful hazards including, but not limited to: sharp branches and sticks on the ground and on the trees, uneven and varied terrain, and domestic and wild animals.

I agree to abide by the Ragsdale school rules/code of conduct posted in the student handbook and those posted for this activity, including giving pedestrians the right of way. I voluntarily assume these risks and the associated financial costs, should damages occur.

I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by me, or loss or damage to property owned by me or by others, as a result of participation in this course.

I understand that if any of the Ragsdale discs that I check out for my use from the college are lost or damaged, I am responsible for replacing them or reimbursing the school for their value. I hereby release, waive, discharge, and covenant not to sue Ragsdale, Guilford County Schools, and its employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in Disc Golf.

\*Adults chaperones should turn in this form. "I" should always be replaced with "My Child" for Ragsdale students.

I hereby certify that (student's name) \_\_\_\_\_ has permission to participate in this activity according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

Parent Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Students Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If parent cannot be located in the event of an emergency, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_