

**R. G. DRAGE CAREER TECHNICAL CENTER
ACTIVITY PERMISSION FORM**

**ASSUMPTION OF RISK
AND RELEASE OF ALL CLAIMS**

As a parent/guardian of a child wishing to participate in the _____
(activity) being offered by the Stark County Area Vocational School District Board, I recognize and acknowledge that all such activities carry a certain risk of personal injury. I agree, on behalf of myself and my child, to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of participating in any such activities.

I hereby give permission for my child (as named below) to participate in the activity named below and any related events, activities, or transportation. In consideration of allowing my child's participation in the activity or activities named below, I hereby, for myself, for my child, and for all heirs, executors, administrators, and assigns, do hereby forever release, waive, and relinquish all claims I or my child have or may have as a result of participating in this program of the Stark County Area Vocational School District.

Furthermore, I promise, on behalf of myself and my child, not to sue the Stark County Area Vocational School District Board of Education or any of its officers, employees, or agents for actions or omissions arising from or connected with such activities.

ACTIVITY: _____

NAME OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN * _____

SIGNATURE OF PARENT/GUARDIAN * _____

SIGNATURE OF STUDENT IF 18 years
of age or older _____

DATE: _____

* Both parents must sign unless only one has legal custody.