

Fairbanks North Star Borough School District Release and Waiver

I, _____, as parent or legal guardian of a student participant _____ in the activity which is listed below and sponsored by the Fairbanks North Star Borough School District (FNSBSD), recognize that some activities have risks associated with participating, including but not limited to those of bodily injury, partial or total disability, paralysis or even death.

Knowing these risks and in consideration of being permitted to participate in the _____ provided at the FNSBSD _____ School, I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge the FNSBSD and their employees, agents, and volunteers from all liability to myself, my spouse, legal representative, heirs, and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to my student participant's person or property, even injury resulting in death, whether caused by the negligence or otherwise during participation in the event.

I accept full responsibility for the risk of bodily injury, death or property damage due to the negligence of releases or otherwise and I accept full responsibility for the cost of treatment for any injury suffered while taking part in the Activity. I agree to indemnify the releases and each of them from any loss, liability, damage or cost they may incur due to my presence in the activity whether caused by the negligence of the releases or otherwise. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Alaska and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, EMT and/or hospital. Further, I hereby waive on behalf of myself and the above named student, any liability of the School District, its agents or employees or volunteers arising out of such medical treatment.

I understand this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician may deem necessary.

I understand that the Fairbanks North Star Borough School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Fairbanks North Star Borough School District does not provide medical insurance to help with costs resulting from voluntary participation in the activity. The District does make available supplemental student insurance for voluntary purchase and recommends that participants have insurance coverage of some form. The application for insurance can be found at:

<https://www.k12northstar.org/cms/lib/AK01901510/Centricity/Domain/1076/Myers-Stevens%20Brochure%202324.pdfpdf>

Please check: ☐ I will enroll my child in the insurance program.
☐ I will not enroll my child in the insurance program.

Emergency Medical Information

Student Name _____ Parent / Guardian Name _____

Parent Guardian Home Phone _____ Work Phone _____

Emergency Contact if Parent / Guardian not available _____ Phone _____

Medical Conditions? _____

Medications / Allergies _____

I HAVE READ AND UNDERSTAND THE RELEASE SET FORTH ABOVE AND EXECUTE IT VOLUNTARILY.

Signature of Participant, Parent or Guardian

Date