

Anchorage School District

20040513

A new form is required for each activity. Complete the following:

LAST NAME FIRST NAME MIDDLE NAME M/F GRADE BIRTH DATE

ADDRESS CITY STATE ZIP

SPORT OR ACTIVITY

PARENT/GUARDIAN NAME

WORK PHONE #

PARENT/GUARDIAN NAME

WORK PHONE #

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

[Redacted form content]

EMERGENCY CONTACT # CELL #

tained in this agreement. In consideration for the opportunity to participate in ASD activities, it is the purpose of this agreement to waive claims and release the Anchorage School District and others from all