

PARENTAL PERMISSION, LIABILITY & MEDICAL RELEASE
FOR PARTICIPATION IN DESERET HOMESCHOOLERS OF SOUTHEAST TEXAS (DESERET HS) ACTIVITIES

IN CONSIDERATION of being permitted to participate in any way in the activities of DESERET HOMESCHOOLERS OF SOUTHEAST TEXAS ("Activities") I _____, for myself, for personal representatives, assigns, heirs, and next of kin and for the following Minor(s) as THE MINOR(S)' PARENTS AND/OR LEGAL GUARDIAN(s):

Name	Birth Date	Name	Birth Date

(the "Minors"):

ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I and/or the Minor(s) as the case may be, are qualified, in good health, and in proper physical condition to participate in such Activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activities and cause Minor(s) to do so as well.

I FULLY UNDERSTAND THAT: (a) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I or the Minor(s) incur as a result of my or their participation in the Activities.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE DESERET HS, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, and the owner and lessors of premises on which the Activities take place FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this PARENTAL PERMISSION, LIABILITY & MEDICAL RELEASE, I, or anyone on my behalf or on behalf of the Minor(s), makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I FURTHER CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by Deseret HS officers and volunteers or medical personnel.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

THIS DOCUMENT SHALL BE EXECUTED BY BOTH PARENTS OR LEGAL GUARDIANS OF ANY MINOR.

Parent(s)/Guardian(s) names _____

Home phone _____ Business/Cell phone _____

Address _____ City/State/Zip _____

This permission is granted for Activities from _____, 2011 until September 30, 2012.

Executed on this the _____ day of _____, 2011

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian