



## PARENT PERMISSION FORM INFLATABLE GAMES

\_\_\_\_\_  
School Name

- I understand that the participation of carnival activities is entirely voluntary. The LWSD will make every reasonable effort to provide a safe environment, and exclude high risk games and events from the carnival. Some of the activities are physically rigorous and they carry inherent risks. The risk must be assumed by each participant and his/her legal guardians that the child may suffer an emotional or physical injury or disability from improper use of equipment, unsafe acts on the part of the participants, or failure of equipment. The activities of the carnival are not under the direct control of District staff. The District and its staff cannot be responsible for the condition of the equipment, and cannot be responsible for the inherent dangers of each piece of equipment.

\_\_\_\_\_  
(Parent initial)

- I certify that I have adequate insurance to cover any injury that may be sustained by my child and cover any injuries or damages that may be caused by my child, or else I agree to bear the costs of such injury or damages myself.

\_\_\_\_\_  
(Parent Initial)

- I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_\_  
(Parent Initial)

- I agree to indemnify, defend and hold harmless the Lake Washington School District, its elected and appointed officials, employees, agents, staff and volunteers from any and all claims, liabilities, damages, expenses, or rights of action arising out of or connected to personal injury, illness, death or property damage in connection with the carnival including, but not limited to, events over which they exercise no control, such as actions of the vendor, other participants or other parties, or act of God, except for sole negligence of the District.

\_\_\_\_\_  
(Parent Initial)

I authorize qualified medical personnel to examine and in the event of injury or serious illness administer emergency care to \_\_\_\_\_ . I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.  
(Student Name)

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the district assumes financial liability for expenses incurred because of the accident, injury illness and/or unforeseen circumstances.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone