

Waiver and Release

I hereby give permission for my child _____ to participate in the Red Cloud Indian School Heritage Center Spoken Word Program for the school year 2013/2014

Where: _____ and/or other destinations where the Spoken Word Program may meet at locations on the Pine Ridge Indian Reservation.

As a parent or guardian, I understand that the school and staff will do everything possible to prevent any accidents over which they have control. However, I fully understand that participation in extra-curricular type activities involve inherent risk to students regardless of all feasible safety measures that may be taken by the Red Cloud. In consideration of the Red Cloud's agreement to allow my child to participate in the Spoken Word Program, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in or travel to and from these practices that is not the result of fraud, willful injury to a person or property of the willful or negligent violation of a law by a trustee, employee, or agent of the Red Cloud Indian School. I also will not pursue any actions against _____ or any other facility in the event of any injury or anyone else that may be allowing the students to use their facility for practices.

I further authorize the school Red Cloud to obtain emergency care for my child when Red Cloud reasonably believes such care to be necessary. In the event it becomes necessary for the Red Cloud staff in charge to obtain emergency care for my child, neither he/she nor the school Red Cloud assumes financial liability for expenses incurred because of an accident, injury, illness, and/or unforeseen circumstances.

Parent/Guardian: _____

Date: _____

Phone Numbers: _____
(Work/Daytime) (Home/Evening)

Education Purpose Statement:

The Red Cloud Indian School Heritage Center Spoken Word Program has an educational purpose.