

# RIVER RIDGE HIGH SCHOOL

## PARENT CONSENT AND RELEASE OF LIABILITY

In consideration of \_\_\_\_\_ ID# \_\_\_\_\_  
(Student's Name) (Student ID Number)

I hereby give consent for my child/ward to participate in the water slides activities that will take place at **River Ridge High School on May 28, 2026 at the Senior Splash.**

**READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S SCHOOL, THE SCHOOL BOARD, TEACHERS OR OTHER EMPLOYEES OF THE SCHOOL AND VOLUNTEER LEADERS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S SCHOOL, INDIVIDUAL MEMBERS OF THE SCHOOL BOARD, THE SUPERINTENDENT, THE PRINCIPAL, TEACHERS, OR OTHER EMPLOYEES OF THE SCHOOL, AND VOLUNTEER LEADERS, IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND MY CHILD'S SCHOOL, EMPLOYEES, VOLUNTEER LEADERS AND THE SCHOOL DISTRICT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IN THIS ACTIVITY, IF THE FORM IS NOT SIGNED.**

I know of, and acknowledge that my child knows of the risks involved in the types of activities described herein and attest that my child has no know health or disabilities that would prevent him/her from participating in these types of activities. I understand that serious injury is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in such activities. With full understanding of the risks involved, I release and hold harmless my child's school, the individual members of the school board, the superintendent, the principal, teachers or other employees of the school and volunteer leaders from any financial responsibility or any and all liability for any injury or claim resulting from such participation and agree to take no legal action against the school, the individual members of the school board, the superintendent, the principal, teachers or other employees of the school and volunteer leaders because of any accident or mishap involving participation of my child.

I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use of disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said event to incur expense considered necessary for treatment and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE OF LIABILITY.**

\_\_\_\_\_  
Name of Parent/Guardian (Printed) Signature of Parent/Guardian Date

Emergency contact number (where you may be reached on 5/28/26 during the day) (\_\_\_\_\_) - \_\_\_\_\_

**TO BE ELIGIBLE TO PARTICIPATE, COMPLETED FORMS MUST BE SUBMITTED TO MS. Hoskins  
NO LATER THAN WEDNESDAY, May 27, 2026.**

**By signing this form, I also acknowledge that my student will comply with water activity dress code: No bikini. Acceptable: athletic shorts/tank tops over swimsuit. Sponsor reserves the right to make determination on appropriate attire.**