



**School District of Omro**  
455 Fox Trail, Omro, WI 54963

**Dr. Jay Jones**  
*Superintendent*

**Danielle Schmick**  
*Principal*  
*High/Middle School*

**David Wellhoefer**  
*Principal*  
*Elementary School*

**Amanda Potratz**  
*Business Manager*  
*& H.R. Director*

### WAIVER AND RELEASE OF CLAIMS

By signing below, the undersigned expressly agrees and understands that he/she is participating in the following activities at his/her own risk: \_\_\_\_\_.

The undersigned recognizes that all extra-curricular activities have a certain degree of risk. The undersigned also understands these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and extra-curricular activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold the School District of Omro, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the extra-curricular facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the extra-curricular facilities and equipment.

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing extra-curricular activities, I give my consent as the parent/legal guardian of \_\_\_\_\_ (print) to participate in the above-mentioned extra-curricular activities. I understand that since the School District of Omro does not carry extra-curricular activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold the School District of Omro, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the extra-curricular facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

**I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_