

ASSUMPTION OF RISK

PARENT/LEGAL GUARDIAN DISCLOSURE ACKNOWLEDGMENT

Stater	nent of Consent and Acknowledgement		
I	am the		
		t), a minor enrolled in Canyons School District.	
I here	by grant permission for my student named on date (s)	above to travel fromt	0
		ns School District (District) has made available inform otions in connection with the activity listed below. I k tudent;	
	or		
	I am aware and acknowledge that Canyons School District does not sponsor or offer transportation in connection with this activity listed below.		
studer	nt to stay overnight, that my student canno	my student. I understand that if the activity require t drive to the activity or ride with another student whe to activities that require an overnight stay.	•
studer	nt arising from, or based upon or relating to then a private vehicle is used to transport a	rsonal injury and death, or damage to or loss of prope the student's travel to and from the activity. I ackn student the insurance on the vehicle is primary to an	owledge
from a	nny claim, demand, or cause of action arisin nify the District and its employees from all	ns School District, its Board members, officers, and engling out of the transportation provided to my student a claims for loss, damages, or injury sustained by us, m	nd agree to
	Student's Name	Student Number	
	Signature of Student	Date	
	Signature of Parent/Legal Guardian	Date	
	Activity	Date of Activity	
	Principal's Signature	Date	