



General Liability Release of Claims

The undersigned hereby authorizes _____ (Name of Student) to engage in the following activities with this (Outside Entity) _____ Swim with Britt for the fiscal year of 2025 - 26 _____. The undersigned certifies that we do have medical insurance in force and will be maintained during theforesaid period of time, providing for payment of medical, dental and hospital expenses for the aforesaid student which are occasioned by injury or are a result of an accident, while student is engaged in activities with this Outside Entity on Laramie County School District 1 property.

In consideration of the District providing (Student's Name) _____ the opportunity to compete in athletic activities with this Outside Entity on LCSD1's property, the undersigned for himself/herself and for (Student's Name) _____ herby release LCSD1, its agents, and employees from all claims, demands, and liabilities, direct and indirect, which may result or accrue by reason of such athletic activities.

Dated _____ 20 _____

(Parent or Guardian)
