



NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY PARTICIPANTS
(MINOR PARTICIPANT FORM)

I agree that _____ **(MINOR)** has my permission to participate in _____ **(ACTIVITY)** which will take place at **BATTLE CREEK PUBLIC SCHOOL OUTDOOR EDUCATION CENTER (OEC)** during the dates of _____.

Student and parent/guardian have read and agree to follow OEC participation rules.

I agree that participation in the above noted activity is voluntary and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable diseases, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines. I certify that **(MINOR)** has not had any symptoms of COVID19/coronavirus nor been exposed to anyone that had such symptoms or diagnosis in the last 14 days. I agree to notify the OEC of any changes and I will NOT send **(MINOR)** to the activity if any symptoms develop or with notice of an exposure to COVID19 until **(MINOR)** has been medically cleared.

I understand that this discharges the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. OEC, ITS EMPLOYEES, AND AGENTS will not assume responsibility for any injury or illness incurred while participating or attending the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the OEC or its employees or agents be liable for lost or stolen items while participants are using the facilities or are on the premises. I waive all claims and release the Battle Creek Public School District, OEC and ITS EMPLOYEES and AGENTS from any and all injury, illness, or damage that **(MINOR)** or **(I)** may suffer as a result of participation or attendance in the activity. I agree to indemnify and hold the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. OEC, ITS EMPLOYEES, AND AGENTS harmless from any claims presented on **MY OWN BEHALF**, or claims presented by **(MINOR)** or **(MINOR's) representative**.

Printed Name of PARENT or GUARDIAN _____

Signature of PARENT or GUARDIAN _____ Date _____



NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY PARTICIPANTS
(ADULT PARTICIPANT FORM)

I agree to participate in _____(ACTIVITY) which will take place at **BATTLE CREEK PUBLIC SCHOOL OUTDOOR EDUCATION CENTER (OEC)** during the dates of _____.

I have read and agree to follow OEC participation rules.

I agree that participation in the above noted activity is voluntary, and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable disease, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines. I certify that I have not had any symptoms of a COVID19/coronavirus nor been exposed to anyone who has had such symptoms or diagnosis in the last 14 days. I agree to notify the School District of any changes and I will NOT participate if any symptoms develop or with notice of an exposure to COVID19 until medically cleared.

I understand that this discharges the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS will not assume responsibility for any injury or illness incurred while participating in the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the OEC or its employees or agents be liable for lost or stolen items while participants are using the facilities or are on the premises. I release and waive all claims against the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any and all injuries or damages I may suffer as a result of my participation in the activity. I agree to indemnify and hold the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS harmless from any claims.

Printed Name of PARTICIPANT _____

PARTICIPANT Signature _____ Date _____