

## BOUNCE HOUSE ACTIVITIES WAIVER

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**Activity:** Bon Air Elementary - Village Fair  
**Date:** October 19, 2019  
**Location of Activity:** Bon Air Elementary Village Fair  
**Description of Activity:** Bounce Houses at the Village Fair

**Expectations:** I understand that \_\_\_\_\_ (print student name) is expected, and the student has been instructed by me, to do exactly what he/she is instructed to do by the supervisor and adhere at all times to the requirements of the CCPS Student Code of Conduct.

**Insurance:** I understand that the Chesterfield County Public Schools and Bon Air PTA may not carry insurance relative to the (or for) injuries to students.

**Consent:** I give consent to \_\_\_\_\_ (print student name) to participate in the above mentioned activity. I consent to the activity supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/her/their discretion. I consent to reimburse the CCPS Board and Bon Air PTA, their individual members, agents, employees, and representatives, as well as trip supervisors for any losses, damages or injuries arising out of, during or in connection with student's participation in the activity, including any medical cost.

**Assumption of Risk:** I have read the description of the activity and understand its contents. I understand this activity may involve risk. I understand that my child will NOT be under observation and direct control at all times during this activity. I understand that the School Board and its employees will not be financially responsible to me or my child if my child is harmed on this field trip. I agree to indemnify and hold harmless Chesterfield County, Chesterfield County Public Schools, their elected officials, employees, agents and assigns as well as the Bon Air PTA from any liability for injuries or property damage which may occur as the result of my participation in the aforementioned activities.

Parent/Guardian Name printed: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Contact Number and Date: \_\_\_\_\_

