

**STATEMENT OF CONSENT TO PARTICIPATE IN NON-SCHOOL
SPONSORED ACTIVITY AND RELEASE WAIVER**

Students Name: _____

Activity: _____

I/We understand this is not a school activity and is out the sphere of control and responsibility of the School. I/We understand that while my son/daughter is participating in this activity, that neither the Delphian School nor any of its employees, agents, students and volunteers are responsible for my child.

As this activity is wholly voluntary, the school will not be providing or coordinating transportation.

I/We have personally arranged for _____ to transport my/our child to and from this activity.

I/We understand while my/our child is participating in this activity, including transportation to and from such activity, that he/she will not be covered by the School's Student Accident Insurance; therefore, it is fully understood by me/us that any medical insurance claims will be covered by me/us personally.

The undersigned parent assumes all risks in connection with the student's participation in the above referenced activity. I understand that neither Delphi Schools, Inc., The Delphian School nor any of its officers, trustees, employees, students or volunteers shall be liable to myself or my child for any claim arising out of this activity, such claims being hereby waived, and that I will indemnify and save harmless The Delphian School and its officers, trustees, employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during this activity.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

DELPHI FAX NUMBER: (503) 843-4158