

School Campus Visitor Liability Waiver

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue. This form must be completed and submitted to the school administration office upon arrival at the campus.

1. Visitor Information

Full Name of Visitor:

Phone Number:

Email Address:

Organization / Affiliation (if applicable):

Purpose of Visit:

Date of Visit:

2. Waiver and Release of Liability

By signing below, the Visitor acknowledges and agrees to the following terms:

- **Assumption of Risk:** The Visitor understands that visiting a school campus involves certain inherent risks, including but not limited to physical injury, illness, or property damage. The Visitor voluntarily assumes all risks associated with their presence on the campus.
- **Release of Liability:** The Visitor hereby releases, waives, and forever discharges the School, its district, board members, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of any loss, damage, or injury that may be sustained while on the school premises.
- **Compliance with Rules:** The Visitor agrees to abide by all school safety protocols, security guidelines, and staff instructions at all times during the visit.
- **Medical Acknowledgment:** In the event of an emergency, the Visitor authorizes the school staff to seek medical treatment on their behalf, and agrees to be financially responsible for any medical expenses incurred.

3. Emergency Contact Information

Emergency Contact Name:

Relationship to Visitor:

Emergency Contact Phone Number:

4. Acknowledgment and Signature

I hereby acknowledge that I have read and understood the terms of this liability waiver, and I agree to be bound by its terms.

Visitor Signature (Please sign printed copy):

Date Signed: