

**Salisbury Academy
2210 Jake Alexander Blvd. N.
Salisbury, NC 28147
704-636-3002**

Limited Release of Liability

While my child is attending Salisbury Academy, I will provide health insurance for myself/my child and assume responsibility for any and all costs of medical care. I warrant that the participant – either my child or me – is in good health, and that I know of no reason that he/she should not participate in strenuous activity.

In consideration for furnishing transportation and other services to enable me/my child to participate in activities, I hereby voluntarily release and discharge the Salisbury Academy staff, Salisbury Academy Board members, agents, employees, or parent volunteers from any and all liability or claims for any injury, illness, death, damage to myself or my child or my property arising from, or in any way connected with my participation in field trips or activities to the extent I maintain health insurance for my child as stated above for such damages or claims.

Any parent who volunteers to drive students must obtain a copy of your driving record. To obtain a copy of your North Carolina driving record please go to the following web site:
<https://www.ncdot.gov/dmv/offices-services/records-reports/Pages/driving-records.aspx>

The fee is approximately \$11.00. A copy must be filed in the Business Manager's office prior to any volunteer driving.

This release and discharge is specifically limited to accidents for which Salisbury Academy, its employees or agents, have not been found to be negligent, whether third party insurance is present or otherwise.

I have carefully read this release of liability and fully understand its contents. I sign this agreement of my own free will.

Student's Printed Name

Date

Parent or Guardian's Signature

Date