## Shumway Academy Assumption of Risk, Release, and Indemnity Agreement

## Parent, Volunteer Participant, or BYU-I Student Assistants while on the Property of Shumway Academy

	ocluding any 2025Summer Programs)			
Parent:	Print Name:	Date:		
Parent:	Print Name:	Da		
Volunteer/Other:	Print Name:	Da		
Paren 's or Guardi	an's Additional Indemnification (Must be complete	d for narticinants under a	18)	
amily members (minors) that a	are enrolled in Shumway Academy or would be on the re of Summer Programs include the following participan	premises of Shumway Acad		
hild 1:	Print Name:	Date:	Age: _	
hild 2:	Print Name:	Date:	Age: _	
nild 3:	Print Name:	Date:	Age: _	
nild 4:	Print Name:	Date:	Age: _	
nild 5:	Print Name:	Date:	Age: _	
ild 6:	Print Name:	Date:	Age: _	
	Print Name:			
her:	Print Name:	Date:	Age: _	
her:	Print Name:	Date:	Age: _	
ilities, I further agree to indemnify ar	eing permitted by Shumway Academy to participate in the prog nd hold harmless Shumway Academy, it's agents, officers, volu behalf, from any and all claims which are brought by, or on beha	inteers, participants, employees,	and all other pe	
rent/Guardian Name (please p	orint):			
rent/Guardian Signature:		Date		