



HILLSIDE STUDENT COMMUNITY SCHOOL
5027 159th Place SE
Bellevue, WA 98006-3636
(425) 747-6448
www.hillsidesc.org

Guest Waiver of Liability

Guest Information

Name: _____

Age: _____

Telephone: _____

School: _____ Grade: _____

“I will abide by all Hillside Student Community rules and regulations, as well as all reasonable requests made by staff and/or chaperones.”

Guest Signature

WAIVER OF LIABILITY- Signed by Guest's parent/guardian

I hereby promise not to bring a claim against or sue Hillside Student Community and I freely and voluntarily accept all risks of injury, death or property damage and agree for myself and my heirs to RELEASE, HOLD HARMLESS AND INDEMNIFY Hillside Student Community and its agents, representatives, and employees from any and all liability for personal injury including death, and property damages resulting from Hillside's negligence or otherwise.

Parent's or Guardian's Signature _____ Date _____