ASSIGNMENT OF TEMPORARY GUARDIANSHIP for the 2026-2027 school year

The Parent/Legal Guardian and Temporary Guardian must complete and sign this form.

A copy of this document will be kept on file at the Liberty School District J-4 office.

PART I: PARENT/LEGAL GUARDIAN

Parent Name_____

Phone Number_____

PART II: TEMPORARY GUARDIAN

Temporary Guardian Name_____

Phone Number_____

PART III: MINORS NAME(S). Please list all children that apply.

_____ _____

_____ _____

PART IV: TEMPORARY ASSIGNMENT OF GUARDIANSHIP

I, _____, hereby authorize _____, to serve as the guardian to my child(ren) above.

Parent/Legal Guardian's Name Temporary Guardian's Name

I understand and acknowledge that the above named individual shall be responsible for my child. I further release, waive and discharge the Liberty School District J-4. the organizers of any event, the trustees of, officers of, agents of, or employees of the Liberty School District J-4 or any owner or lessor of any property on which the Liberty School District J-4 conducts any activity, from and covenant not to sue them for any and all liability to my child, myself, or any party claiming an interest through myself or my child, for any and all loss or damage or demand therefore on account of injury to the person or property or death of my child whether or not caused by their negligence or for any other reasons while preparing for, traveling to or from, or participation in any Liberty School District J-4 event. I further agree to defend. indemnify and hold harmless the parties released above. and each of them from damage to any property whether belonging to my child or others, or the presence of or my child's actions during any Liberty School District J-4 event whether or not caused by their negligence or for any reason.

_____

Legal Guardian/Parent's Signature Printed Name Date

I, _____, accept the responsibilities of acting guardian for _____

Temporary Guardian's Name Minor's Name(s)

_____

Temporary Guardian's Signature Printed Name Date