

Release of Liability and Assumption of Risks

Assumption of Risks:

I am aware that the activity that I am initiating involves some risks including but not limited to: impact and collision with other persons; impact with objects or equipment; failure to play safely within one's own ability; failure to play against others of equal stature or ability; theft, negligence on the part of supervising volunteers.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom.

I am aware that Independent School District 466 does not carry accident or medical or dental insurance on my behalf.

Release of Liability:

In consideration of Independent School District 466's permission to use school facilities, I hereby agree:

To release all liability for any loss, damage, injury and/or expense that I, or any participants of my program, may suffer as a result of my use of school facilities.

Proof of Insurance:

Along with this completed form, I will supply a Certificate of Liability Insurance. This form will list Independent School District 466 as the certificate holder and will include coverage of \$1,000,000. This form can be faxed by the insurance company to the DCHS Activities Office at 320-286-4211.

I have read and understand this agreement and I am aware that by signing this agreement, I am assuming responsibility for the activity I am initiating and release any liability from Independent School District 466.

Insured Party _____

Signed _____ Date: _____

Please print name clearly _____

This agreement must be completed in full, signed and dated before actual use of the facility takes place.