RELEASE OF LIABILITY FORM

Name of Activity or Event  **DODGEBALL FOR LIFE**
Date of event  Saturday, February 24, 2018
Time of event  9 am – 7 pm
Description of activities  Playing dodgeball

I, ___________________________, hereby release and hold harmless the Governor Mifflin School District, its officers, agents and employees from any liability for personal injury, loss or damage to personal property associated with my participation in the event and activities described above.

I acknowledge that I understand the release of liability. This release is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will and being fully aware of the injuries and loss I could suffer from participation in this event.

Printed Name  ___________________________ Signature  ___________________________
Date  ___________________________

For participants under 18 years
Participant Name  ___________________________ Participant Age  ___________________________
Parent/Guardian Name  ___________________________ Parent/Guardian signature  ___________________________
Date  ___________________________