



General Liability Release Form

Date: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Organization: Academy School District 20

Location of Event/Activity: \_\_\_\_\_

Participant Name: \_\_\_\_\_

(Please print)

I, \_\_\_\_\_, hereby voluntarily give consent to participate in the above mentioned activity/event. I understand that participation in the above-mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me, and understand the risks associated, including but not limited to, bodily harm, joint or muscle injury, potential exposure to communicable diseases, including but not limited to, COVID-19, and in very rare circumstances, heart attack or death.

I hereby release and hold harmless Academy School District 20 and their agents and employees from any and all health claims, suites, losses or causes of action for damages, for injury or death; including claims for negligence, arising out of or related to my participation in the above-mentioned event/activity.

I have read the foregoing carefully and I understand its content.

Signature of Participant: \_\_\_\_\_

(If participant is 18 or older)

Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

(If participant is under 18)

(Please Print)

Signature of Parent or Guardian: \_\_\_\_\_

(If participant is under 18)

Date: \_\_\_\_\_