



District Four Adopt-A-Spot Liability Waiver

Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Day Phone Number _____ Alternate Phone Number _____

EMERGENCY CONTACT INFORMATION: Name _____

Home Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____

Phone (_____) _____ Policy Holder's Name _____

WAIVER:

I, the undersigned (if participant is 18 years of age or older or parent/guardian of the above listed minor participant) acknowledge and fully understand that each participant will be engaging in activities that could potentially result in injury and that the District Four Adopt-A-Spot program has no insurance coverage or plans for addressing participant injuries.

I, also agree to save and hold harmless and indemnify each and all parties organizing, participating and supporting Adopt-A-Sport from all liability, loss, cost, claim or damage whatsoever, including damage to property. With this waiver I also allow the use of my image in photography and video to help promote the Adopt-A-Spot program. *(Mark through this section and initial if waiver is not to include image use.)*

I have read the above waiver/release and understand that I/we have given up rights by signing this release and sign below voluntarily.

Participant's Signature _____ Date _____

Printed Name _____

(Participant's Signature is required if participant is 18 years of age or older)

Parent/Guardian Signature _____ Date _____

Printed Name _____

(Guardian's Signature is required if participant is 17 years of age or younger)

Witness's Signature _____ Date _____

Printed Name _____

Witness's Signature _____ Date _____

Printed Name _____