Central Consolidated School District #22

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: _____

Date of Activity or Event: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, and waive, release and discharge the School Facility, the New Mexico Public School Insurance Authority and their directors, board members, officers, employees, volunteers, agents, representatives or assigns and the activity or event sponsors, from any and all liability, including, but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me as a result of participation in the above named activity at the School Facility. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of those released or otherwise.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

If participant is under 18 years of age he/she and parent /guardian will need to sign on page 3

Print Name	Age	Signature

Central Consolidated School District #22

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
SIGNATURE PAGE CONTINUED FROM PAGE 1

Print Name **Age** **Signature**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Central Consolidated School District #22

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
SIGNATURE PAGE CONTINUED FROM PAGE 1
Participant's under 18 years of age

Name of the Activity or Event: _____

Date of Activity or Event: _____

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)
The undersigned parent and natural guardian does hereby represent that he/she is in fact acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to so act and release those parties on behalf of the minor and the parents or legal guardian.

Print Name	Age	Signature	Parent/Guardian Signature

Central Consolidated School District #22

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
SIGNATURE PAGE CONTINUED FROM PAGE 1
Participant's under 18 years of age

Print Name	Age	Signature	Parent/Guardian Signature