

CLINT ISD FACILITY USAGE WAIVER

RELEASE OF LIABILITY

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 Clint Independent School District and their administrators, 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 use of facility 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.

Print Name

Signature

Date

Street Address

Phone

City/State/ Zip

Campus Use |

Received Date: _____

Print Name & Initial: _____

 **TOGETHER...** *We Build Tomorrow!*

Committed • Learner-centered • Innovative • Nurturing • Transparent