

Participant Release and Waiver Form

This Release and Waiver (the "release") executed on (date) _____ by (name of participant) _____ ("Participant") releases Methacton School District, ("District") and each of its directors, officers, employees, and agents. The Participant desires to participate in _____ "Event" at District and engage in activities related to participating in _____ (insert title or explanation of Event/Activity).

Participant understands that the scope of Participant's relationship with Methacton School District is limited to a temporary event and that no compensation is expected in return for participation provided by Participant; that Methacton School District will not provide any benefits traditionally associated with an injury; and that Participant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Participant's involvement in the _____ (Event/Activity).

I, the Participant, release and hold harmless Methacton School District and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participation in the event for Methacton School District. I understand and acknowledge that this Release discharges Methacton School District from any liability or claim that I may have against Methacton School District with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the event for Methacton School District or occurring while I am involved in the Event/Activity.

Further, I understand that Methacton School District does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, Workers Compensation or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Methacton School District beyond what may be offered freely by Methacton School District in the event of such injury or medical expenses incurred by me.

I hereby Release and discharge Methacton School District from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant with Methacton School District.

Acknowledgement and signatures:

By signing below, I express my understanding and intent to enter into this Release and Waiver willingly and voluntarily.

Participant signature: _____

Date: _____

Parent/guardian signature: _____

Date: _____

School District Management signature: _____

Date: _____