



Glenwood City Community Education Hall Walking Participation Registration

Please read this waiver carefully and be aware that by registering for and participation in this program, you will be waiving your rights to all claims for injuries you might sustain arising out of this program and you will be required to indemnify, hold harmless, and defend Glenwood City School District for any claims arising out of participation in said program.

RISK OF INJURY: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge the Glenwood City School District and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which may have or which may occur in account of participation in the program."

INDEMNITY AND DEFENSE: I further agree to indemnify, hold harmless and defend the Glenwood City School District and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or and arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the Glenwood City School District to secure from any licensed hospital, physician, and /or medical personnel any treatment deemed reasonable and necessary and agree that I will be responsible for payment of any and all medical services rendered.

SIGNATURE _____ DATE _____

NAME _____

ADDRESS _____ City _____ St _____ ZIP _____

PRIMARY PHONE _____ OTHER PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PRIMARY PHONE OF CONTACT _____ OTHER PHONE _____

For any questions or comments, please contact:

Darla Magsam at 715 265 4266 x-7121