



RSVP BY APRIL 14!

Return this form to the high school office.

Your Information

Name: _____ Grade: _____

Emergency Contact

Name: _____

Address: _____

Phone Number: (____) _____ - _____

Any Medical Concerns?

I am willing to assume any and all risks and take full responsibility for participation in the event and/or use of the school's facilities or equipment and all occurrences incident thereto, including, but not limited to, any medical needs and expenses related thereto. I waive and release the George-Little Rock Community School District, its directors, officers, employees, agents, and representatives thereof, from all and any claims or liabilities of any kind or nature whatsoever that may arise out of the participation in this event or use of the school's facilities or equipment.

I further agree to indemnify, save and hold harmless the District, its officials, agents, and employees from any and all claims or damages, including attorney fees and expenses, that may arise by reason of the use of the school facilities and/or equipment or arising from participation in any activity thereon.

Participant's Name and Age (if minor)

Parent's Signature (if participant is a minor)

Participant's Name and Age (if minor)

Date