Liability Release Form

Name of Business or Organization:

GWPO / Grant Watts Elementary

Activity or Event:

Grant Watts Elementary Turkey Trot

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume the risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release Grant Watts Elementary, Scappoose School District, GWPO and its officers, employees or agents from any liability, costs and damages resulting from this individual’s participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

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Minor’s Name / Teacher Minor’s Name / Teacher

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Minor’s Name / Teacher Minor’s Name / Teacher

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Name of Parent(s) or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(S)/Guardian / Date

\*The teacher names are used to deliver Turkey Trot tokens to the kids.