

**Lincoln High School
Haunted House Waiver**

PARTICIPANT'S PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (____) _____

NATURE OF ACTIVITY:
_____ haunted house _____

WAIVER OF LIABILITY:

In consideration for participating in this event, I, _____, hereby agree to indemnify and hold harmless the Gahanna Jefferson Public Schools including its directors, officers, agents, employees, volunteers, and its assigns against any and all damages, liabilities, injuries, losses, costs, claims and expenses (including legal fees) arising out of the activities of this event.

I further acknowledge and fully understand this activity is inherently dangerous and that injuries and/or death could occur as a result of my participation in this event.

SIGNATURE: _____ DATE: _____