

Lincoln High School Haunted House Waiver

PARTICIPANT'S PRINTED NAME: _____

ADDRESS : _____

City: _____ Zip: _____

Emergency Contact 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.

Parent Signature (if under 18) _____

Date _____

Participant Signature (if over 18) _____

Date _____