

**THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA**  
**Release/Waiver of Liability and Hold Harmless Agreement**  
**for an Adult**  
**(Participant 18 Years of Age or Older)**

Form# 1277A  
10/8/18

**Directions:** Complete this form and return it to your school.

I \_\_\_\_\_, have been informed and know the risks involved in participating in this \_\_\_\_\_ event, and understand that serious injury, and even death, is possible in such participation and I choose to accept such risk. I voluntarily accept any and all responsibility for my own safety and welfare while participating in this event, with the full understanding of the risks involved including risks involving travel and hotel stay (in relation to certain events). I hold harmless and release the SCHOOL BOARD OF MARTIN COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS of any and all responsibility and liability for any injury or claim resulting from my participation in this event.

In consideration for being allowed to participate in the \_\_\_\_\_ event, I, for my heirs, executors and administrators, release and forever discharge the SCHOOL BOARD OF MARTIN COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS of all liability, claims, actions, damages, and/or costs/expenses I may have against them, arising out of or in any way connected with my participation in this event on (date) \_\_\_\_\_.

I understand that this release/waiver of liability applies to ANY claim, even those based upon the negligence, actions or inactions of those referenced above, including the SCHOOL BOARD OF MARTIN COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS.

The undersigned adult participant:

1. Acknowledges and represents that he/she is a student and/or adult having attained the age of 18 years.
2. Authorizes the SCHOOL BOARD to transport the undersigned and to obtain, through a physician of the SCHOOL BOARD'S choice, any emergency medical care that may become reasonably necessary for the undersigned in the course of event activities or travel incidental to such activities; and agree that the expenses for such transportation and treatment shall not be borne by the SCHOOL BOARD or its employees.
3. Acknowledges and represents that he/she is in good health and physically able to participate in event activities and has had no past illness or injury that would prevent him/her from participating in such activities, and further acknowledges and represents that the following is/are the only special accommodations needed:

EMERGENCY NAME AND PHONE: \_\_\_\_\_

**I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE/WAIVER OF LIABILITY.**

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant Print Name*