

Garfield County School District Request to Perform at District Facilities Form

Organization Name: _____

Contact Person: _____

Telephone Number / Email: _____ / _____

Date of Requested Use: _____

Start Time: _____ End Time: _____

Description of Proposed Activity and Nature of Physical Activities:

Waiver and Assumption of Risk:

By signing I hereby fully waive and release any and all claims for personal injury, property damage, or death that may result from my participation, and/or the groups participation, in the event(s) listed above. I hereby acknowledge and understand that there are dangers and risks associated with the activities described above and I fully assume the dangers and risks. I further agree to indemnify and hold harmless the Garfield County School District, its employees, and officers from and against any and all liability incurred as a result of the activity listed above.

Signature of Responsible Person: _____

Date: _____

Note: This form must be submitted to the Principal of the school where the facility is located.

Approving Principal Signature: _____