

**RELEASE & WAIVER**

There is a risk in volunteering in this event of injury. You knowingly and freely assume all risks both known and unknown and assume all risks associated with this event.

You and all your heirs, assigns, personal representatives, and next of kin hereby release and hold harmless the Wilkes-Barre Area School District, their employees, officials, agents, other participants, and any and all entities associated with this event.

You hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency. You also authorize the attending medical personnel to execute on my behalf any permission forms, and other appropriate medical documents and act on my behalf if I am not immediately available to do so.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

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Participants signature

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Date signed