

Park County School District #6 ("District") Use of Facilities and Equipment Waiver

Organization's/Individual's Name: _____

Organization's Representative and Position: _____

Phone Number: _____

Facility/Equipment: _____

Dates of Use: _____

The undersigned acknowledges that they are knowledgeable about and understand the details of the above referenced use of District facilities/equipment, including but not limited to the location, the dates, the activities, the purpose, and the price. The undersigned acknowledges that there are risks and dangers involved in the use of District facilities/equipment and agrees, to assume the risks involved. These risks include but are not limited to: 1) moderate and severe personal injury, 2) property damage, 3) disability, 4) sickness and disease, 5) and possible death.

The undersigned agrees that they have full knowledge of the nature and extent of all such risks and are not relying on all risks being described in this document.

In consideration of the use of District facilities/equipment, the undersigned hereby releases and forever discharges the District, as well as its directors, officers, administrators, employees and other agents from any and all claims, causes of action or suits arising out of or related to any personal injury or property damage or death sustained by the use of District facilities/equipment whether or not such injury or damage or death was caused in whole or in part by the negligence or fault of the District, its directors, officers, administrators, employees or other agents, and agree not to sue. The undersigned further agrees to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents against any claims asserted by or against the above-named organization relating to its use of District facilities/equipment. The District in no way waives immunity afforded to it by the Wyoming Governmental Claims Act or any other applicable law.

The undersigned further agrees to pay for any and all damage to District facilities/equipment caused by its use of those facilities/equipment.

Organization Representative/Individual Signature

Date