

FACILITY INSURANCE WAIVER FORM
MARATHON AREA ELEMENTARY SCHOOL

(Renter fills out this part.)

Activity MVP Volleyball Club

Room(s) Being Used Gym, cafeteria, & bathrooms

Time Various hours (generally between 8am-6pm)

Date(s) Various dates - including Sunday starting November 5, 2017 through April 8, 2018 - possible Wednesday & Saturdays too

Name(s) of Adults/Instructors In Charge Brenda Wirkus and other coaches.

Signature of Renter Brenda Wirkus

(Adult Participant or Parent/Guardian fills out this part.)

RELEASE

I hereby waive and release the Marathon City School District and the instructors of the open gym/clinic/practice time or any other activity listed above from any liability for any injuries incurred to myself or son/daughter while attending the activity.

_____ <i>Name of Activity Participant</i>	_____ <i>Birthdate</i>
_____ <i>Signature of Parent/Guardian or Participating Adult</i>	_____ <i>Telephone</i>
_____ <i>Date</i>	_____ <i>Address</i>