



## RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_, acknowledge that I have voluntarily accepted the officer position of \_\_\_\_\_ for \_\_\_\_\_ during the \_\_\_\_\_ school year and agree that the Wilson County School System is exempt from any responsibility or liability in regards to my actions.

I am voluntarily participating in in the activities of the school support organization with knowledge of the necessary activity involved and agree to assume any and all liability for my actions.

I verify this statement by placing my initials here: \_\_\_\_\_

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability between myself and Wilson County School System and sign it on my own free will.

\_\_\_\_\_

(Participant/Releasor Name – Printed)

\_\_\_\_\_

(Participant/Releasor Signature)

\_\_\_\_\_

(Date)

Participant/Releasor Address: \_\_\_\_\_

