

## Waiver and Release of Liability

As a participant in the "MVTHS FFA Boot Scootin Boogie", I recognize that, while minimal, there is an inherent risk of injury, whether physical or psychological. I hereby knowingly and voluntarily enter into this waiver and release any and all liability to the Mt. Vernon FFA, Mt. Vernon Township High School, and any of its connected affiliates involved in the "MVTHS FFA Boot Scootin Boogie." I agree to indemnify and hold harmless the Mt. Vernon FFA, Mt. Vernon Township High School, and students and adults connected to the above-named groups, against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or anyone else acting on my behalf.

**I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with this event, which may include but is not limited to physical injury, economic or emotional loss. I understand that these injuries or outcomes may arise from my own or others' negligence. Nonetheless, I assume all related risks, both known or unknown to me, of my participating in this activity.**

**I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to release and discharge the Mt. Vernon FFA, Mt. Vernon Township High School, and individuals associated with the aforementioned groups from any and all claims or causes or action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against the Mt. Vernon FFA, Mt. Vernon Township High School, individuals associated with the aforementioned group.**

School/FFA Chapter Name: \_\_\_\_\_

Participant's Name (printed): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Legal Guardian Name (printed): \_\_\_\_\_

*If participant is under the age of 18:*

Parent/Legal Guardian Signature: \_\_\_\_\_

*If participant is under the age of 18:*

Date: \_\_\_\_\_