

District School Board of Dixie County  
**This is a release, read carefully!**

Name: Dixie Twilight Walk/Run 5K  
Date of Event: December 20, 2014  
Location: DCHS Campus and Surrounding Area

**RELEASE WAIVER OF LIABILITY:** \_\_\_\_\_, hereby release, waive, discharge and covenant not to sue the District School Board of Dixie County, its board members, directors, officers, agents and employees for all liability for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore which the above-named person may have against the District School Board of Dixie County arising out of or in any way connected with the above-named person's participation in \_\_\_\_\_. **I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF THE DISTRICT SCHOOL BOARD OF DIXIE COUNTY.** \_\_\_\_\_ **FURTHER AGREE TO INDEMNIFY THE DISTRICT SCHOOL BOARD OF DIXIE COUNTY OR ANY BOARD MEMBER, DIRECTOR, OFFICER, AGENT OR EMPLOYEE FOR ANY LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CONDUCT WHILE voluntarily participating in this event.**

**RELEASE:** In consideration I agree that the District School Board of Dixie County, their board members, directors, officers, agents, employees and volunteers, and their insurers upon whose property this activity is conducted shall have no liability of any nature for any and all claims based on negligence, action or inaction of the District School Board Dixie County for any property damage or bodily injury while voluntarily participating in this activity.

I have read this release and understand that by signing this document I express my intent to waive valuable legal rights including any and all rights I may have or now have against the District School Board of Dixie County, their board members, directors, officers, agents, and employees.

**NOTARY SECTION:**

*This form must be signed in front of a Notary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA  
EXPIRES

TYPE, PRINT, OR STAMP NOTARY NAME: MY COMMISSION

**DO NOT SIGN THIS RELEASE UNLESS YOU COMPLETELY UNDERSTAND THAT YOU ARE GIVING UP POTENTIALLY VALUABLE RIGHTS.**