Waiver of Liability Release Form

In consideration of being allowed to participate in the BISD Adult Continuing Education/CTE Program, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, but not limited to the potential for serious injury to body, musculoskeletal injuries and to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of lost or stolen property damage or personal injury that may be sustained by me or others, or any loss or damage to property owned by me, as a result of my action.
3. I further agree to release and hold harmless the BISD Adult Continuing Education/CTE Program from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in the program.
4. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in the BISD Adult Continuing Education/CTE Program.
5. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed.

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Student Name Date

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Student Signature Date

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Witness Name /Signature Date