

**WARRICK COUNTY SCHOOL CORPORATION**  
**OVERNIGHT TRIP APPLICATION FORM**

**RELEASE AND INDEMNITY FORM**

Release executed on \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(Date) (Printed Name)

\_\_\_\_\_ (if under 18, state both parent and minor's names) of  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, herein referred to as  
(Address) (City) (State)

**RELEASOR,**

In consideration of myself and or my child or ward being permitted to participate in the activity to which this release is attached, I, for myself, my spouse, child or ward, dependents, legal representatives, heirs, and assigns, hereby release, waive, and discharge Warrick County School Corporation, its Board of Trustees, its Officers and employees and each of them, referred to as WCSC, from all liability to myself, my spouse, child or ward if a minor, dependents, legal representatives, heirs and assigns, for any and all loss or damages, and any claim or damages resulting therefrom, on account of injury to myself, my child's or ward's, person or property, even injury resulting in death, whether caused by negligence of WCSC or otherwise while I, my child or ward, is for any purpose participating in or preparing for the specified activity.

I, for myself, my child or my ward, agree to indemnify WCSC from all loss, liability, damage or cost I or my child or ward may incur arising out of my, my child's or ward's participation in the specified activity whether caused by the negligence of the WCSC or otherwise.

I, for myself, my child or my ward, hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of WCSC or otherwise while participating in the specified activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad as permitted by the laws of the State of Indiana, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, I have executed this release this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature (If a Participant is under 18, a Parent or Court appointed Guardian must sign.)

**READ CAREFULLY**  
**THIS IS A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**