RELEASE AND WAIVER OF LIABILITY AGREEMENT TOWN OF STANFORD

		icipant"), acknowledge that I have voluntarily applied to the Town
,		e following Town activities:
		eaning, building, setting up, acting, and more activities
(Description of activities	, which Participant wil	l engage in)
BE SERIOUSLY INJUR ACTIVITIES WITH KN ANY AND ALL RISKS (THOSE RISKS ARE KN	ED OR EVEN K OWLEDGE OF OF BODILY INJ OWN OR UNK nent by placing r	ny initials here:
and facilities, I forever rele officials, directors, officers "Releasees") from any and guardians, next of kin, spo or property damage, relate other acts, whether directly	ease the Town, and some the Town, and some the solutions, claim use and legal reproduced to or arising out y connected to the	Town to participate in these activities and use the Town's premises y Town affiliated organization, and their respective elected inteers, agents, contractors, and representatives (collectively is, or demands that I, my assignees, heirs, distributees, parents, resentatives now have, or may have in the future, for injury, death, of (i) my participation in these activities, (ii) the negligence or see activities or not, and however caused, by any Releasee, or (iii) ctivities occur, whether or not I am then participating in the
representatives will not ma	ake a claim agains	ibutees, parents, guardians, next of kin, spouse and legal st, sue, or attach the property of any Releasee in connection with any ase. I acknowledge that I will receive no remuneration for my
	IS IS A RELEAS	REEMENT AND FULLY UNDERSTAND ITS CONTENTS. I SE OF LIABILITY AND A CONTRACT BETWEEN MYSELF Y OWN FREE WILL.
Date: 20_		
		(Participant's signature)
		(Address)
GUARDI Signature by Parent or G	AN MUST INIT Guardian: I verify	R 18 YEARS OF AGE, YOUR PARENT OR TALL AND SIGN THIS FORM AS INDICATED: y that the dangers of the activities and the significance of this and the Participant and I understand
Date:, 2((Parent's/Guardian's signature))	