



School District of Westfield

N7046 County Road M

Westfield, WI 53964

PH: 608-296-2141 ■ FAX : 608-296-2938

Facility Use Waiver & Release of Liability – Group Use

Group/Organization Name: _____

Date(s) of Use: _____

Activity (if applicable): _____

Waiver & Release of Liability

1. **Assumption of Risk**

Participation in recreational or other activities involves inherent risks of injury, including but not limited to slips, trips, falls, collisions, and other accidents. Each participant voluntarily assumes all risks associated with participation.

2. **Release of Liability**

The undersigned, on behalf of themselves and the group, hereby releases, waives, discharges, and holds harmless the **School District of Westfield**, its employees, officers, agents, and volunteers from any and all claims, liabilities, damages, or causes of action arising out of or related to participation in the activity or use of district facilities, including those caused by negligence.

3. **Medical Responsibility**

Participants are responsible for their own medical expenses in the event of injury. The School District of Westfield does not provide accident, health, or medical insurance coverage for participants.

4. **Rules & Conduct**

The undersigned agrees that all participants will use the facilities in a safe and respectful manner and will comply with all school district rules and staff instructions.

5. **Individual Waivers**

The undersigned agrees that **all participants in the group must complete and sign an Individual Waiver & Release of Liability** before participating. The group representative is responsible for ensuring this requirement is met and for keeping signed copies on file.

Acknowledgement

I have read this Waiver & Release of Liability, fully understand its terms, and sign it freely and voluntarily.

Signature of Group Representative: _____

Printed Name: _____ Date: _____

“Inspiring every student, through every experience, every day.”