

Orchestra Boosters of Wakefield High School

Waiver and Release

This release was executed on _____, by _____
Date Parent/Releasor

of _____
Parent Address

in Wake County, North Carolina, to the Orchestra Boosters of Wakefield High School
(the Releasee)

of 2200 Wakefield Pines Drive, Raleigh, Wake County, North Carolina.

I, the Releasor, being of lawful age, in consideration of being permitted to participate in the fund-raising activity held at _____ on _____

Place of Activity

Date

from _____ and run and/or operated by the Releasee, its owners,

Time(s) of Activity

officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release, I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity.

I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this waiver and Release agreement.

I understand that I would not be permitted to participate in the above noted activity unless I signed this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assign.

I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital.

This Waiver and Release Agreement will be constructed in accordance with the governed by laws of the State of North Carolina, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

In the event of emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

I hereby certify that I am the parent/guardian of _____

Name of Student

named above, and do hereby, grant my consent without reservation to the foregoing on behalf of this individual.

Complete Next Page ---

Parent/Guardian Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____