

Participant(s) name: \_\_\_\_\_

On behalf of myself and the student(s) listed above, I release the Regents of the West Central Area Community Education, all cities encompassed in the West Central Area school district, West Central Area Schools, and each entities' employees, volunteers, and representatives, from any and all claims for damages or injuries arising out of participation in this program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant(s) name: \_\_\_\_\_

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