## HOLD HARMLESS AGREEMENT

## ORGANIZATION/RESPONSIBLE PARTY

I (see following signatures) agree to assume all risk of personal harm of injury relating to or resulting from my participation in any activity held at the Spencer Valley School facility for the time period of:

and hold Spencer Valley School District harmless as to liability for any such harm. Print Name: \_\_\_\_ Signature: Date\_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: Date \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: Date\_\_\_\_\_ Print Name: Signature: Date\_\_\_\_\_ Print Name: Signature: Date\_\_\_\_\_ Print Name: Signature: Date Print Name: Date \_\_\_\_\_ Signature: Print Name: Date \_\_\_\_\_ Signature: