

WAIVER FOR WALKERS  
Canaseraga Central School Facilities

DATE \_\_\_\_\_

PLEASE PRINT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ DOB \_\_/\_\_/\_\_

WALKING TIME REQUESTED \_\_\_\_\_

I agree to observe all school regulations governing the use of facilities and assume full financial responsibility for any damages done to Canaseraga Central School or its equipment during the times I use such facilities. I also agree that I will at all times hereafter indemnify the school against any loss, damage or expenses of any kind, which Canaseraga Central School may sustain or incur because of use of the facilities by me and will further hold Canaseraga Central School harmless for loss of any kind in connection with this use.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(if under 18 years of age)

APPROVAL BY SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_