

Housatonic FFA Alumni John Rice Scholarship and The Jane Lloyd Fund  
Release and Waiver of Liability, Assumption of Risk and Indemnity,  
And Parental Consent Agreements

I \_\_\_\_\_ fully understand that in participating in the Spring Splash I understand the nature of the event. I and/or my minor child is in good health and physical condition to participate in this event. I fully understand that the Spring Splash involves very cold water with risks of serious bodily injury, including permanent disability, paralysis or death. This may be caused by my own actions or others participating in the event and there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and responsibilities for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in this event.

I hereby release, discharge and covenant not to sue the Housatonic Alumni FFA or the Town of Salisbury or the Jane Lloyd Fund their respective administrators, directors, agents, officers, volunteers, and employees, other participants, sponsors, advertisers from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the above or otherwise, including negligent rescue operations; and I further agree that if despite this release, waiver of liability, and assumption of risk, I will indemnify, save and hold harmless each of the above from any loss, liability, damage or cost which may incur as the result of such a claim.

I have read this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, And Parental Consent Agreement. I understand that I have given up substantial rights by signing this document and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Splasher

\_\_\_\_\_  
Signature of Splasher ( if over 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
if participant is minor child under 18 years