CABARRUS COUNTY SCHOOLS ALUMNI ATHLETIC EVENT RELEASE

I,	(Printed Name) understand and		
acknowledge th	nat my participation in the		(name of school)
Alumni	game is voluntary.	I am fully aware of	the risks and
hazards associa	ted with participating in such	an athletic event.	
To the m	aximum extent permitted by l	aw, I release, forever	discharge,
indemnify and	hold harmless	(name of	school),
Cabarrus Coun	ty Schools, the Cabarrus Cour	ity Board of Education	on, and their
employees, men	mbers, and agents from any ar	nd all costs, liabilities	s, expenses,
claims, damage	es, actions, or causes of action	whatsoever arising o	out of or related to
any loss, person	nal injury, damage or property	loss related to my pa	articipation in the
	(name of High School	A) Alumni	game.
This Release is	binding on me, my heirs, assi	gns and personal rep	resentatives.
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	acknowledge that I am 18 year	rs of age or older and	have carefully
read this docum	nent before signing it.		
Printed Name			
<u> </u>		_	
Signature			
Date		_	

^{*}If alumni event is school sponsored, the above release is all that is required.

^{*}If using an outside agency to conduct alumni events, participants will need to fill out this release form **AND** the outside agency will need to fill out a community use application. The outside agency will also be required to provide proof of liability insurance.