



Panther Prowl Adventure Race 2020 Participant Waiver

This release and waiver is executed on this date _____.
(Month/Day/Year)

I give my permission for my son/daughter, _____, to participate in the Panther Prowl Adventure race. I do hereby waive and release any and all claims against East Pennsboro Area School District, employee, volunteer or official of these organizations from any claim of injury that I and/or my son/daughter may incur as a result of my son or daughters' participation in the event.

I certify that I have full knowledge of the risks involved in this event. If, as a result of my son/daughter participation in the Panther Prowl Adventure Race, medical attention is required, I authorize medical personnel to provide medical care as deemed necessary.

Printed name of participant _____

Age _____ Grade _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

I do NOT give permission for my child's name and or/image to be used in relation to this event.

Signature of Parent/Guardian _____