

2024 ALL SCHOOLS DAY MADATHON - RELEASE FORM

School: _____ Grade: _____

Team Name: _____

The undersigned Madathon Participant (or Participant's parent/guardian if Participant is less than 18 years old) hereby irrevocably releases and discharges McPherson County All Schools Day Association and all other sponsors, coaches, volunteers, and participants, from any and all liability for any and all injuries and damages Participant may sustain as a result of such participation. Participant understands and acknowledges that as with any physical activity or sporting event, injuries are possible and sometimes do occur, and by participating in Madathon, Participant assumes all such risk of injury.

Signature: _____
(Participant signature if over 18; parent/guardian signature if under 18)

Participant: Name: _____

Age: _____ Grade: _____

Parent/Guardian: Name: _____

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