



Woodland Hills Administration Building  
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North Braddock, PA 15104  
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## Woodland Hills School District

Name of Facility \_\_\_\_\_ Owned and Maintained by Woodland Hills School District

Event/Activity/Program: \_\_\_\_\_, Date: \_\_\_\_\_

### Indemnification / Hold Harmless Agreement

I (the participant / visitor / parent / guardian) assume entry on to name of facility \_\_\_\_\_ owned and operated by the Woodland Hills School District, premises (including, without limitation all related facilities) at my own risk and shall be responsible for any and all injury or damage of any kind resulting from said visit, to persons or property regardless of who may be the owner of the property. I (the participant / visitor / parent / guardian) waive, release, and discharge, for myself and on behalf of my personal representatives and heirs, any and all rights and claims for damages and / or injury that I may have or hereafter may accrue to me against the \_\_\_\_\_, its agents, employees and representatives as a result of my being allowed to enter name of facility \_\_\_\_\_ premises and to participate in the subject event/activity/program.

In addition to the liability imposed upon the participant / visitor / parent / guardian on account of personal injury (including death) or property damage suffered through the participant's / visitor's / parent / guardian's negligence, which liability is not impaired or otherwise affected hereunder, the participant / visitor / parent / guardian assumes the obligation to save \_\_\_\_\_, its agents, employees and representatives harmless from every expense, liability, or payment arising out of or through injury and illness (including death) to any person or persons or damage to property (regardless of who may be the owner of the property) arising out of or suffered through any act or omission of the participant / visitor / parent / guardian.

I (the participant / visitor / parent / guardian) agree to follow all safety rules and instructions established by any party in control of name of facility \_\_\_\_\_ premises. I understand that if I do not follow these rules and instructions, any party in control of name of facility \_\_\_\_\_ premises has the right to request that I (the participant / visitor / parent / guardian) leave the premises.

My signature below indicates that I understand the conditions stated above.

Participant / Visitor / Parent / guardian (print):

Name of Child (print) if a minor:

\_\_\_\_\_  
Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Participant / Visitor / Parent / Guardian Signature

\_\_\_ / \_\_\_ / \_\_\_  
Date