Waiver and Release of Liability

Temple College, Temple Texas

SkillsUSA 2023

Participant: (Name, Date of Birth, Address)	TEMPLE
	TEMPLE HUTTO TAYLOR
	or older and have voluntarily applied to participate in the SkillsUSA 2023 may expose me to hazards or risks that may result in my illness, personal e nature of such hazards and risks.
In consideration of my participation permitted in the SkillsUSA 2023 events, I hereby accept all risk to my health and of my injury or death that may result from such participation.	
official capacities, from any liability to me, my pers all claims and causes of action for loss or damage t my death, that may result from or occur during my	rd, officers, employees and representatives, in their individual and sonal representatives, estate, heirs, next of kin, and assigns for any and to my property and for any and all illness or injury to my person, including participation in the SkillsUSA 2023 events, whether caused by officers, employees, or representatives, or otherwise.
representatives, in their individual and official capaci	above-named Temple College, its governing board, officers, employees and cities, from liability for the injury or death of any person(s) and damage to attional act or omission while participating in the SkillsUSA 2023 events.
AND CAUSES OF ACTION FOR MY INJURY OR DEATH IN THE DESCRIBED SKILLSUSA 2023 EVENTS AND IT	SE OF LIABILITY AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS H OR DAMAGE TO MY PROPERTY THAT OCCURES WHILE PARTICIPATING OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY AGES TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR
Printed Name of Participant	
Signature of Participant	Date

Date

Witness

Waiver and Release of Liability

Temple College, Temple Texas

Minor

SkillsUSA 2023

	SKIIISOSA 2023
Participant: (Name, Date of Birth, Address)	TEMPLE COLLEGE
Waiver and Release of Liability. I give permission fo the nature of the event may expose the Participant or death and I understand and appreciate the natur	icipant who is under 18 years of age. I am fully competent to sign this r Participant to participate in the SkillsUSA 2023 events. I acknowledge that to hazards or risks that may result in Participant's illness, personal injury, re of such hazards and risks. Participate in the SkillsUSA 2023 events, I hereby accept all risk to
Participant's health and of his/her injury or death the	• • • • • • • • • • • • • • • • • • • •
assigns for any and all claims and causes of action injury to Participant's person, including his/her de SkillsUSA 2023 events, whether caused by negliger representatives, or otherwise.	Participant's personal representatives, estate, heirs, next of kin, and for loss or damage to Participant's property and for any and all illness or eath, that may result from or occur during Participant's participation in the nce of Temple College, its governing board, officers, employees, or above-named Temple College, its governing board, officers, employees and
·	cities, from liability for the injury or death of any person(s) and damage to nt or intentional act or omission while participating in the SkillsUSA 2023
AND CAUSES OF ACTION FOR PARTICIPANT'S INJU WHILE PARTICIPATING IN THE DESCRIBED SKILLSU	ISE OF LIABILITY AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMES RY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURES SA 2023 EVENTS AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES I OF ANY PERSON AND DAMAGES TO PROPERTY CAUSED BY OR OMISSION.
Parent/Guardian printed name	
Signature of Parent/Guardian	Date
Address (if different from Participant)	

Date

Witness

Waiver and Release of Liability

Temple College, Temple Texas

SkillsUSA 2023

Participant: (Name, Date of Birth, Address)	TEMPLE
	TEMPLE HUTTO TAYLOR
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Printed Name of Participant	
Signature of Participant	Date

Date

Witness