Shepaug Valley High School Senior Project Program Participation Indemnification Form

Date
on of Epilepsy (Project Z.R.A.E.)
Washington Depot, CT
e the obstacles. All proceeds dedicated to the

notionally demanding. I affirm that my health is good and that I am not under in this program. I understand that each participant must assume the risks of hereby and shall indemnify, defend and hold harmless Shepaug Valley School ent families and technical advisor volunteers from all liability of any kind and property of the property of others due to my participants during the program be taken and used in educational, promotional, marketing and other materials
Date
Date