



PORT HURON SCHOOLS

2720 Riverside Drive Port Huron MI 48060 Phone (810) 984-3101

Contract Number _____

WAIVER OF LIABILITY

(In lieu of liability insurance)

The undersigned does hereby acknowledge use of the facilities of the Port Huron Schools and does hereby waive and release the School District, its agents and employees, from any and all liability for any claim or cause of action that might arise or result from the undersigned use of such facilities, hereby agreeing to indemnify and hold said School District, its agents and employees, harmless of all such claims and to reimburse the School District for any and all damage done to the facilities so used.

Name of Group: _____

Applicant's Signature: _____

Printed Name: _____

Date: _____