OLEAN CITY SCHOOL DISTRICT
OLEAN, NEW YORK

INSURANCE RELEASE FORM
(FOR SCHOOL USE ONLY)

I, _____, understand and agree that, in consideration for being granted access to and the use of property and facilities of the Olean City School District, I assume any and all risk with respect to such access and use, and hereby release said Olean City School District, its representatives, agent, servants and employees from liability for any injuries sustained or damage incurred in the course of such access and use resulting from any cause whatsoever which may be sustained.

SIGNED: _____

DATED: _____