

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
("AGREEMENT")**

In consideration of participating in the Active Shooter Training ("Training"), I represent that I understand the nature of this Training, the physical condition to participate in such Training. I acknowledge that if I believe event conditions are unsafe or may compromise my health, I will immediately discontinue participating in the Training. I fully understand that this Training involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the Training, the conditions in which the Training takes place, or the negligence of the Releases named below. I further acknowledge that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Training.

I hereby release, discharge, and covenant not to sue the Penn-Harris-Madison School Corporation or the County of St. Joseph, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Training takes place (RELEASEES") from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, make a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost that they may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. And I agree that if any portion of this agreement is held to be invalid, the balance shall nevertheless continue in full force and effect.

Furthermore, if under the age of 18 and wish to be a participant or active participant in the training exercise, a parent signature is required. By signing this agreement, you understand and agree this training exercise will be video recorded and will be used as a training video for future emergency planning and preparations by PHM Schools, Honeywell and St. Joseph County emergency agencies.

_____ Date: _____

Printed Name of Participant

_____ Phone: _____

Signature of Participant

_____ Phone: _____

Signature of Parent (If student is under 18 years of age)

Address, City, State, Zip Code