



Dawson Springs Independent School District

118 East Arcadia Avenue
Dawson Springs, KY 42408
Phone: 270-797-3811 Fax: 270-797-5201
www.dawsonsprings.kyschools.us

The Mission of the Dawson Springs Independent School District is to educate, equip, and empower every student to be transition ready, college and/or career ready, and life ready.

Board of Education

Vicki Allen, Board Chair
Tracy Overby, Vice-Chair
Wes Ausenbaugh
Carol Niswonger
Kent Dillingham

Superintendent

Leonard Whalen

RELEASE FROM LIABILITY FOR NEGLIGENCE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you, your family and personal representatives give up the right to bring any action to obtain any remedy for injury to yourself, your children, damage to your property or the property of others or for the death of members of your family or yourself, as a result of your utilization of the Dawson Springs High School as a shelter from storms, including, without limitations, tornados.

In consideration for being permitted to utilize the Dawson Springs High School as a storm shelter, the undersigned, acknowledges and agrees as follows:

ACKNOWLEDGEMENT OF RISK

I fully recognize and acknowledge the dangers inherent in utilizing the Dawson Springs High School as a storm shelter as it is not a certified tornado shelter. I hereby state that I have full knowledge of the dangers involved in utilizing the Dawson Springs High School as a storm shelter and agree to assume all risks and responsibilities associated with my being permitted to utilize the facility as a community service without any cost or charge.

AGREEMENT TO RELEASE FROM LIABILITY

I, the undersigned, do for myself and on behalf of my family and my personal representatives, hereby agree to forever release and hold harmless the Board of Education of the Dawson Springs Independent School District”) and all of its Board members, officers, agents and employees (collectively the “District”) for any and all liability arising from any claim, demand or cause of action of any nature for:

- personal injury to me or to others
- damage or theft of my personal property or to the personal property of others or
- the death of myself or members of my family

as a result of my being permitted to utilize the Dawson Springs High School as a storm shelter, or caused by conduct, whether negligent or grossly negligent, of the District, any of its Board members, agents or employees.

I certify that I am in good health and that I have no physical or mental limitations that would preclude me from utilizing the Dawson Springs High School as a storm shelter.

I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

Print Name: _____

Emergency Contact:

Signature: X _____

Print Name: _____

Date: _____

Phone Number: _____



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