



Indiana SADD

Seatbelt Convincer Demonstration Device



ADULT RELEASE FROM LIABILITY

I, the undersigned, for myself and for my heirs, executors, administrators, and dependents, do hereby voluntarily and knowingly release and forever discharge

(name of school)

Indiana SADD and State Farm Insurance Company, and its officers and employees, and any other sponsor from any and all manner of liability claim, demand, right or cause of action, or suits at law or in equity, for any and all damages, injuries, and losses to me, my child or ward and my property, both known and unknown and foreseen and unforeseen, and all consequences thereof incurred or suffered by us or resulting to us from or in any way arising out of or connected with – directly or indirectly – the participation of myself,

(printed full name)

including my climbing on, or seating in, or riding on, or dismounting from the seat skid and any other equipment utilized as part of or in connection with the Seat Belt Convincer Demonstration on

(date of event)

I know of no condition, injury or infirmity which could be aggravated by the forces associated with a 7 mph automobile collision.

By signing this release, I acknowledge that I have carefully read the foregoing release, know the contents thereof, and thereby have consented to my participation in the Seat Belt Convincer Demonstration. I have knowingly and freely signed this release as a full and final release.

DATE: _____

SIGNED: _____

PRINTED NAME: _____

ADDRESS: _____
