

ROCKETS FOR SCHOOLS GREAT LAKES SPACEPORT EDUCATION FOUNDATION, INC. Spaceport Sheboygan

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

1. Agreement	
IParticipant's Name	will voluntarily participate in the Rockets for Schools
•	19 in Sheboygan, WI. This event is sponsored by Great Lakes Spaceport hool District, and the City of Sheboygan.
	have taken all reasonable precautions necessary to protect me from the wever, I also acknowledge that I may be exposed to other unknown s at the launch site in Sheboygan.
City of Sheboygan launch site on the west end of administrator, executors, and assignees, hereby aid in the institution of prosecution of, any dem- agents, employees, or facility users, acting office	permitting me to participate in the tour and rocket launch activities at the of the South Pier and the Armory in Sheboygan, I, for myself, my heirs, covenant and agree that I will never institute, prosecute, or in any way and, claim, or suit against the above named sponsors and or their officers, ially or otherwise, for any loss, damage, or injury (including death) to m any cause whatsoever as a result of my participation in this activity.
Lakes Spaceport Education Foundation, Inc./Ro School District, and the City of Sheboygan, for understand and agree that I am assuming the ris	y in such a demand, claim or suit, I agree to indemnify the Great sckets For Schools Program and its sponsors the Sheboygan Area all damages, expenses, and costs they may incur as a result thereof. I k or any personal injury, death, or property damage that may result while t may be caused by the negligence of the above named sponsors.
Sheboygan Area School District and the City of	Visconsin Department of Transportation, the Coast Guard, the Sheboygan, Wisconsin, their officers, agents, contractors, employees or the launch in Sheboygan, Wisconsin acting officially or otherwise.
Participant's Signature	Date:
II. Agreement for Minor Participant:	
For Minor (Signature):	
	parent(s) /and/or legal guardians of the above pating in the activities of the Wisconsin-Rockets For Schools Program ent and adopt it as my/own.
Signature: Parent/Guardian Signature	Date
Address:	
City:	State:
Signature of Witness	Date