



# Waiver of Liability and Assumption of Risk

PLEASE READ CAREFULLY!  
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Participant Info – PLEASE PRINT LEGIBLY					
NAME		AGE		SEX	M F
PHONE		ALT. / PARENT PHONE			
EMAIL					
MAILING ADDRESS		CITY			
STATE		ZIP CODE			

I/we wish to participate in Parks & Recreation activities including: \_\_\_\_\_ (the "Activity").

In consideration of being allowed to participate in Parks & Recreation activities I, the undersigned, agree to indemnify and hold harmless the City of Valdez from all cost, expense and liability arising from my participation in Parks & Recreation activities. I hereby waive all claims for damages to my person or property which may be caused by any act by the City of Valdez, its officers, agents, or employees, arising directly or indirectly from my/our participation in any of these activities; and I hereby assume all liability and responsibility for any and ALL INJURY, LOSS, OR DAMAGE INCLUDING DEATH, BODILY INJURY, AND PROPERTY DAMAGE that might occur as a result of participation in any Parks & Recreation activities EVEN IF ARISING FROM NEGLIGENCE of the City of Valdez. This release is in effect for one calendar year beginning in January of each year. This Release is inclusive for programs and Parks & Recreation activities participated in throughout the year. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE the City of Valdez.

I understand the risks associated with the Parks & Recreation activities and I/we are physically and mentally capable of participating in the activities.

I understand images of myself and mychild/children may be photographed or videotaped during Parks & Recreation activities and allow for their use in promotional materials and social media.

\_\_\_\_\_  
Signature of Participant OR Parent/Guardian

\_\_\_\_\_  
Date

**Names of all minors I am claiming responsibility for:**

*(All adults 18 years and older must fill out their own waiver/registration form.)*

_____	Age _____	Sex: M	F
_____	Age _____	Sex: M	F
_____	Age _____	Sex: M	F
_____	Age _____	Sex: M	F
_____	Age _____	Sex: M	F

### Emergency Contact

NAME		PHONE	
RELATIONSHIP			