



CITY OF WALKER

— Parks and Recreation —

WPAR Waiver/Release Form

By participating in or using any activities, programs, equipment or facilities available through the City of Walker Parks and Recreation & Community Outreach, participant/user hereby agrees to the following terms and conditions:

I understand and agree that there is a risk of serious injury to me while utilizing WPAR facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time may occur as a result of my participation in recreational and other activities through WPAR.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with the safety or the safety of others while participating in any activity using any equipment or facilities of WPAR. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at WPAR, and that I am not relying on any advice from any WPAR representative in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, WPAR, and its respective officers, employees, student workers, volunteers, agents, and representatives, from any and all liability, claims, damages, costs, expenses, personal injuries, illness, death, or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of WPAR.

By entering a WPAR facility, I consent to being the subject of any photography, audio, or video recordings, which may take place while I am participating in programming and/or open recreation activities. Such photography and recordings may be used for WPAR publications, webcasts, telecasts, advertising, and for any additional promotional or marketing purpose as WPAR may see fit. By entering a WPAR facility, I hereby waive all rights or claims I may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if my likeness or image is used in a publication, there will be no identifying information provided. If you do not wish to be photographed, please kindly inform our photographer or videographer.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This waiver/release shall be effective and binding upon me and upon my assigns, heirs, representatives, guardians and administrators. If under the age of 18, this waiver/release is signed by a parent/guardian of the minor, and the undersigned waive any and all claims, and agree to indemnify and hold harmless WPAR and its agents in the event of any injury to the undersigned or minor participant.

I understand that this waiver/release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I also agree to the follow of the rules and information provided in a separate document or explained by WPAR staff.

Participant Name _____ Date _____

Participant Signature _____

Phone _____ (cell)

Date of Birth _____

Address _____

City/State/Zip _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR: I hereby represent that I am the parent/guardian of the minor whose name appears above. I am familiar with and consent and agree to the terms and provisions set forth in this waiver/release, on behalf of myself and said minor.

Print name _____

Signature of Parent/Guardian _____

Date _____