Town of Warner Participant Waiver Release Form

Instructions: Complete this form (including your full home mailing address) and sign and date the release/waiver. Turn this in to a Warner Parks and Rec representative. **You may not participate in any activities until you do**.

Print Clearly:

_____ _____ _____

Last Name First Name MI

____ Male ____ Female _____ _____

Age Date of birth (mo / day / year)

_____ _____ _____ _____

Street Address City/Town State Email Address

WARNER Parks & Rec - Sports & Activities

Name of Activity

Release/Waiver: I know that participating in various activities is potentially hazardous. I will not enter to participate with any Town of Warner Parks and Recreation activities unless I am medically able and properly trained. I agree to abide by any decision of a Town official relative to my ability to safely participate. I assume all risks associated with participation including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, and the conditions of the playing surface, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release the Town of Warner and all their affiliates and subsidiaries, all volunteers, all beneficiaries, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that any fees associated with activities are non-refundable and non-transferable for any reason.

Coordinator Initials _____

_____ _____

Applicant Signature Date

_____ _____

Event Coordinator Date