



# Waterbury Recreation WAIVER AND RELEASE OF LIABILITY

In consideration of Waterbury Parks & Recreation (WPR), Waterbury Winterfest (WWF) and FORWARD (FW) furnishing services and/or equipment to enable me to participate in recreational activities, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my participation in WPR, WWF, FW activities; (b) my participation in such activities may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of WPR, WWF, FW; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of WPR, WWF, FW, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify WPR, WWF, FW and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in WPR, WWF, FW activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of WPR.

## MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for WPR to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WPR FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

*Please Print*

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Signature of Parent/Guardian (if less than 18 years old) \_\_\_\_\_