

# Family Recreation Event Waiver

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

## Participant Information

Family Name:

Adult 1 Name:

Adult 2 Name:

Children Names & Ages:

Address:

Phone:

Email:

## Waiver & Release of Liability

By signing below, I acknowledge and agree that participation in the above event carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I voluntarily assume all risks and responsibility for any injury, illness, death, damage, or loss that may occur as a result of my family's participation.

I, for myself and on behalf of my family and heirs, hereby release, discharge, and hold harmless the event organizers, sponsors, officials, and volunteers from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, injury, or illness incurred during participation in the event.

I certify that all family members are physically fit to participate and have not been advised otherwise by a qualified medical professional.

☐ I have read, understand, and agree to the terms of this waiver and release of liability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

*Please return this completed form prior to participation in the event.*