

Activity Waiver & Release

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Program participation waiver including medical treatment, transportation and photo release

In consideration of my, or my child's, participation as a participant or volunteer for events and activities organized by the City of Boiling Spring Lakes or through its Parks and Recreation Department, I hereby agree for myself, my child, my heirs, executors and administrators to assume all risks incidental to such participation including transportation to and from the activities. I further release and agree to hold harmless, the City of Boiling Spring Lakes, its Parks and Recreation Department, its employees and agents, officers, directors, organizers, sponsors, supervisors, EMS, volunteers, and participants from any claim arising out of injury which occurs during participation in the activity. I further agree to forever discharge the aforementioned parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child's participation in such activity. I further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses. I fully understand that this release and indemnification agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (which may include, among other things, muscle injuries, broken bones or death) and property damage suffered by me or my child, before, during or after such participation. I declare I am or my child is physically fit and has the skill level required to participate in these activities.

I also grant permission to supervising, managing personnel or other City of Boiling Spring Lakes Parks and Recreation representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I or my child become ill or injured while participating in activities when I am unable to grant authorization for emergency treatment which treatment shall be at my expense.

This form shall be considered valid until cancelled or changed in writing by the undersigned.

I/We understand that my/our child may be suspended from the program for use of profanity, abusive behavior at staff or volunteers, damage to property or other violations of the code of conduct as specified. I/We hereby give my/our consent for my/our child's photograph and/or name to be used or placed on the Department's webpage or other media sources.

If participant is under 18, a parent must sign this form.

Select One (Required - Select at least one option):

- I am the participant in the program
- I am the parent or guardian of the participant.

Signature (Required): _____

Use mouse to sign form.

Date: _____