

WASHINGTON TOWNSHIP PARKS & RECREATION

Participant Liability Waiver and Hold Harmless Agreement (Parent/Guardian Consent for Minor Child)

Please read this form carefully and be aware that by participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Volunteers, instructors and Police Officers** for any claims arising out of participation in said program(s)

I/We _____ (hereinafter "Parents" or "Legal Guardian,"), request that our daughter/son, _____ **sign this Hold Harmless as a Voluntary act and by this act agree:** "As a participant in this program, The Parent/Guardian and Participant recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of injuries, including death, damages, or loss which The Parent/Guardian and Participant may sustain as a result of participating in any and all activities associated with this program."

"The Parent/Guardian and Participant further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, instructors and Police Officers** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program."

"The Parent/Guardian and Participant agree to waive and relinquish any and all claims it may have arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, The Parent/Guardian and Participant authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that the Parent/Guardian and Participant will be responsible for payment of any and all medical services rendered.

The Parent/Guardian and Participant have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

(Parent/Guardian)

Print Name: _____

Signature: _____ Date: _____

(Participant)

Print Name: _____ Date: _____

Washington Township Employee Only

Employee Signature: _____ Date: _____

**50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.wtmorris.org**