

# Woonsocket Parks and Recreation

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Activity/Class/Program Name \_\_\_\_\_

I agree to the use of my/my child's name and/or likeness, including photographs, videotapes and other depictions for publicizing/promoting Woonsocket Parks and Recreation Department programs and events. By signing this form, I am permitting photographs and/or videos to be used by the City in newspaper articles, department displays, advertising etc. **Initial** \_\_\_\_\_

I hereby agree to permit myself/my child to participate in the above program sponsored by the Woonsocket Parks & Recreation Department, its officers, directors, employers, employees and agents (herein collectively called "The City") upon the understanding that:

I/My child is being treated for a medical condition: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

I acknowledge that I have consulted with my/ my child's personal physician and that I am/ my child is physically capable of such participation. **Initial** \_\_\_\_\_

In registering for this city activity/program/class listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I have, or which I may have as a result of participating in said class/program/activity. This release is intended to discharge the City of Woonsocket, the City Council, the Parks and Recreation Department, officers, agents and employees from and against any and all liability arising out of or connected with my/my child's participation in said Activity/ Program/ Class. **Initial** \_\_\_\_\_

I have registered myself/ my child for said activity/program/class with the full understanding that there are physical risks and/or dangers in participating. Nevertheless, I voluntarily agree to assume any and all risk of injury or death, and to release, discharge and hold harmless all of the entities/persons mentioned above. It is understood and agreed that this waiver is binding and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **Initial** \_\_\_\_\_

Participants Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is less than 18 years of age