

ANNUAL WAIVER AND RELEASE OF LIABILITY**CHILD**

PARTICIPANT NAME		DATE OF BIRTH	
PARTICIPANT ADDRESS	CITY	ZIP CODE	EMAIL
PARENT/ GUARDIAN NAME		PHONE (DAY)	PHONE (EVENING)

In consideration of the privilege of allowing my child to participate in any City of Denton Parks or Recreation Department (City) Activity, do hereby, for myself, my child, my heirs, executors and administrators, covenant and agree to INDEMNIFY AND HOLD HARMLESS the City, its employees, agents, successors, assigns, sponsors and volunteers assisting in City activities, from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, omission or negligent act by my child.

I FURTHER DO HEREBY EXPRESSLY RELEASE, DISCHARGE AND HOLD HARMLESS THE CITY, ITS EMPLOYEES, AGENTS, SUCCESSORS, ASSIGNS, SPONSORS AND VOLUNTEERS ASSISTING IN CITY ACTIVITIES FROM ANY AND ALL DAMAGES, CLAIMS OR LIABILITY OF ANY KIND, WHATSOEVER, FROM ANY INJURY OR DEATH OF MY CHILD OR DAMAGE TO MY PROPERTY ARISING OR RESULTING FROM MY CHILD'S PARTICIPATION IN CITY ACTIVITIES OR TRANSPORTATION OF MY CHILD TO AND FROM CITY ACTIVITIES, OR MY CHILD'S PRESENCE UPON CITY FACILITIES, INCLUDING CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE CITY, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS AND OR CLAIMS ARISING OUT OF THE USE OF CITY-OWNED, NON-OWNED, OR CITY PROVIDED EQUIPMENT INCLUDING BUT NOT LIMITED TO ANY ADAPTIVE EQUIPMENT, FITNESS EQUIPMENT, OR MACHINES.

FOR THE CONSIDERATION STATED ABOVE, I FURTHER AGREE THAT IN THE EVENT MY CHILD REPUDIATES OR ATTEMPTS TO REPUDIATE THIS INDEMNIFICATION AND RELEASE, I WILL PERSONALLY INDEMNIFY AND HOLD HARMLESS THE CITY, ITS EMPLOYEES, AGENTS, SUCCESSORS, ASSIGNS, SPONSORS AND VOLUNTEERS ASSISTING IN CITY ACTIVITIES, FOR ANY LOSS AND DAMAGES OCCASIONED BY SUCH REPUDIATION.

I recognize that all classes or activities of a physical nature involve some risk and by registering my child for a class/activity of the City, there is an assumption of the risk by me or my child.

I recognize the risk of possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, COVID-19, or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof, does exist and it is impossible to eliminate the risk that my child could become infected through contact with or close proximity to an individual with a communicable disease.

I further authorize the City employee or agent supervising this activity to secure medical care for my child in the event of injury and in my absence. I promise to assume liability for payment, and hold harmless the City, its employees or agents, of medical expenses arising from said medical care for said injury.

I understand that this "Annual Waiver and Release of Liability" is effective for all classes/activities that my minor child is register for between the dates of _____ to _____.

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CHILD

I also agree, by participating in Denton Parks and Rec programs I give consent to having my child's photo taken for marketing purposes.

I, the undersigned, have read this release and indemnification and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent or Guardian Signature

Date

Photo ID presented: Driver's License/State ID ☐ # _____ Exp. Date _____

Passport ☐

Other (list type) _____ ID# _____

Identification verified by: _____ Date _____

Staff signature required