

**ANNUAL WAIVER AND RELEASE OF LIABILITY****ADULT**

<b>PARTICIPANT NAME</b>	<b>PHONE (DAY)</b>	<b>PHONE (HOME)</b>	<b>DATE OF BIRTH</b>
<b>PARTICIPANT ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	<b>EMAIL</b>
<b>Emergency Contact Name &amp; Phone</b>			

In consideration of the privilege of allowing me to participate in any City of Denton Parks or Recreation Department (City) Activity, I do hereby, for myself, 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 me.

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 TO ME OR MY DEATH OR DAMAGE TO MY PROPERTY ARISING OR RESULTING FROM MY PARTICIPATION IN CITY ACTIVITIES OR TRANSPORTATION TO AND FROM CITY ACTIVITIES, OR MY 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.

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

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

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 I could become infected through contact with or close proximity to an individual with a communicable disease.

I also agree, by participating in Denton Parks and Rec programs I give consent to having my 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.

\_\_\_\_\_  
Signature\_\_\_\_\_  
DatePhoto ID presented: Driver's License/State ID ☐ ID# \_\_\_\_\_ Exp. Date \_\_\_\_\_Passport ☐ \_\_\_\_\_

Other (list type) \_\_\_\_\_ ID# \_\_\_\_\_

Identification verified by: \_\_\_\_\_ Date \_\_\_\_\_

Staff signature required