

## CITY OF SAINT JOHNS RECREATION DEPARTMENT CONCUSSION & PARTICIPATION WAIVER/RELEASE OF LIABILITY



## In consideration of being allowed to participate in the St. Johns Recreation Department's programs, you acknowledge and agree that:

- There is a risk of injury from the activities involved in the program, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risk, both known and unknown, and I assume full responsibility for my participation in this program.
- I willingly agree to comply with the stated and customary terms and conditions for participation in this program. If, however, I observe any unusual significant hazard during my presence or
- participation, I will remove myself from participation and bring the hazard to the attention to the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY, ITS OFFICIALS, AGENTS, AND/OR EMPLOYEES, FOR ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO ME OR MY PROPERTY, WHETHER ARISING FROM NEGLIGENCE OR OTHER CAUSE.
- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.
- I have read this release of liability and assumption of risk agreement. I fully understand the its terms and given up legal rights by signing it, and I sign freely and voluntarily without any inducement.

CHILD'S NAME		DATE	PARENT NAME—PLEASE PRINT NEATLY	PARENT SIGNATURE

Event: Birthday Party Rental Date: \_\_\_\_\_



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