

Recreation Department Waiver

Individual Information (Please PRINT)

Full Name (First, Middle Initial, Last): _____

Status in Family: Father Mother Son Daughter Self Grandparent Other: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Home Work Cell Phone 2: _____ Home Work Cell

E-mail Address(es): _____

Emergency Contact Information (Please PRINT)

I hereby authorize the City of Independence and/or its employees to obtain medical treatment for me if deemed necessary by the City of Independence and/or its employee. I give permission to the medical, dental or emergency room staff at the facility chosen by the City of Independence or its employees to render any emergency medical, surgical, or dental treatment necessary. I understand that any cost incurred for such emergency treatment shall be my sole responsibility. Although reasonable effort shall be made to contact those persons named on this form prior to rendering treatment, none of the above treatment will be withheld if persons cannot be contacted. In the event of any emergency, I understand that I may be transported to the nearest emergency facility.

In case of an emergency, please contact:

Name (First & Last): _____ Phone 1: _____ Phone 2: _____

Relationship to Individual: Spouse Parent/Guardian Child Grandparent Other: _____

Waiver and Release of Claims

It is expressly agreed that all use of the City of Independence's property, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence, and any transportation provided by the City of Independence shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence shall not be liable for any bodily injuries or any loss or damage to my/our/their person or property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, its employees or agents. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge the City of Independence, its employees, officials, agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever. It is agreed that I have read and understand all policies and regulations associated with my use of any City property or equipment or participation in any City program, and agree to abide by all policies thereof. Violations of any City policy or regulation may result in revocation of this pass.

As part of this Waiver and Release of Claims, I hereby grant in perpetuity to the City of Independence, its employees, officials, agents, assigns and/or successors permission to photograph and/or videotape myself and my child(ren), legal wards, heirs, assigns and successors for publicity or advertising purposes only. The grant is irrevocable so that the City of Independence may proceed in reliance on it.

By signing on the line below, you acknowledge that you have read and understand this Waiver and Release of Claims, and that you accept and are agreeing to be bound by the terms of this Waiver and Release of Claims.

Signature (signature of parent/guardian if individual is under 18): _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Entered: _____ Team Member: _____