



PARTICIPANT WAIVER

FOR YOUTH UNDER AGE 18 TO PARTICIPATE IN HARRISBURG PARKS AND RECREATION ACTIVITIES

Program for which you are participating: _____

Team Name: _____

Participant: _____ **Birthdate:** ____/____/____ **Age:** ____
 First Middle Last Mth Day Yr

Address: _____ **Telephone:** (____) _____

City: _____ **State:** _____ **Zip Code:** _____ **Gender:** Male / Female

PERMISSION AND RELEASE STATEMENT

(Name of participant) _____

By my signature below, I agree to the following:

- I understand that participation in this activity has inherent risks, and I hereby assume such risks.
- I understand that accident insurance is NOT provided for program participants.
- I agree to follow all instructions, rules, and regulations set forth by the Parks and Recreation Department and its employees, supervisors, and volunteers.
- I agree to pay any mandatory fees and charges in full and in the time frame required.
- I agree to hold harmless the Town of Harrisburg, its officers, employees, volunteers, and instructors from any and all liability, loss, damage, costs, claims, demands, expenses, and fees of whatever type which shall be caused by, arise out of, or in any manner be connected with the program, except those that arise from gross negligence or willful misconduct of the indemnities, its officers, agents, or employees.

Printed name of Parent and / or Guardian: _____

Signature of Parent and / or Guardian: _____ **Date:** _____

Printed name of Participant: _____

Signature of Participant: _____

*Please submit to Erin Kegley-Parris at Harrisburg Parks and Recreation:
ekegley@harrisburgnc.org; phone: 704-455-7275
4100 Main St. Harrisburg NC 28075*