



## **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 Shawn Marble at Harrisburg Parks and Recreation:  
[smarble@harrisburgnc.org](mailto:smarble@harrisburgnc.org); fax: 704-455-1416; phone: 704-455-7275  
4088 Stallings Road Harrisburg NC 28075*