## **WOOD COUNTY PARK DISTRICT**

## **RELEASE OF LIABILITY – READ BEFORE SIGNING**

	to a file to a live of the constitution to the		Pod Pitriton and adapted and adapted
	ion of being allowed to participate in ar , the		ounty Park District programs and related events and nowledge, appreciate, and agree that:
1. 2. 3. 4. 5. I HAVE READ	The risk of injury from the activities in and death, and while particular skills, injury does exist; and,  I KNOWLINGLY AND FREELY ASSUME AND FREELY AND FREELY AND FREELY AND FREELY AND FREELY AND FREELY AND ASSUME THAT I HAVE GIVEN UP SUBSTANTIAL	this program is signequipment, and personal content of the Park assigns, personal content of the Park assign	gnificant, including the potential for permanent paralysis ersonal discipline may reduce this risk, the risk of serious oth known and unknown, EVEN IF ARISING FROM THE full responsibility for my participation; and, ry terms and conditions for participation. If however, I nice or participation, I will remove myself from a District immediately; and, I representatives and next of kin, HEREBY RELEASE, Y PARK DISTRICT, their officers, officials, agents and/or cies, sponsors, advertisers, and, if applicable, owners and H RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, IATED WITH MY PRESENCE OR PARTICIPATION, EASEES OR OTHERWISE, to the fullest extent permitted
Name	Signatur	e	Date Signed
Email	Pho	one #	Date of Birth
		PLEASE PRINT LEG	<u>SIBLY</u>
	FOR PARENTS/GUARDIA	NS OF PARTI	CIPANTS OF MINORITY AGE
		GE 18 AT TIME OF	
as provided a indemnify an	above of all the releases, and, for myself and hold harmless the releases from any a ms as provided, above, EVEN IF ARISING	, my child and our and all liabilities in	this participant, do consent and agree to his/her release heirs, assigns, and next of kin, I release and agree to cident to my minor child's involvement or participation in IGENCE OF THE RELEASEES, to the fullest extent
Parent/Guard	dian Name	Parent/G	uardian Signature
Date Signed _			
	WITNESS A	<u>ND SIGNAT</u> UF	RE OF RELEASEE

Name \_\_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_