

City of Castle Rock Participant Hold Harmless Agreement

Event Name: _____ **Date of Event:** _____

Participant's Name _____ Date of Birth _____

Age _____ Parent or Guardian _____

Address _____ Mailing Address _____

Home Phone _____ Work Phone _____

Emergency Contact (other than above) _____ *

(Return to City Hall) I, _____, acknowledge that I have voluntarily applied to participate in the _____ (Event) in the City of Castle Rock. I understand that the _____ (Event) and all other hazards and exposures connected with such activities involve certain real and unpredictable risks. I have been given the chance to ask questions of appropriate City personnel concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. I understand the risks and dangers inherent with _____ (Event) activities in which I will be participating and acknowledge that I am fully capable of participating in these activities. I am in good health with no physical defects that would prevent me from engaging in these activities. I willingly assume the risk of injury as my sole responsibility. I understand and agree that any bodily injury, death, damage, or loss of personal property and expenses as a result of my negligence are my responsibility. As lawful consideration for being permitted to participate in the _____ (Event) I release the City of Castle Rock from any legal liability and agree not to sue, claim against the property of, or prosecute, and to indemnify and hold harmless, the City of Castle Rock and all of its officers, agents and employees, for any and all liability, injury or death caused by or resulting from my voluntary participation in the _____ (Event) by any cause. In addition, I authorize any medical treatment deemed necessary or appropriate by any emergency technician, nurse, or physician in case of illness or injury while participating in the _____ (Event). I understand that this permission is to prevent undue delay and assure prompt treatment, Participants involved in the _____ (Event) may be photographed and such photographs may be used to publicize city activities. City of Castle Rock NOT responsible for any personal items left or stolen at the location of the _____ (Event). This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives. I have carefully read this Release and fully understand its contents. I am aware that I am releasing legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks. THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THE RELEASE IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR DO NOT AGREE WITH ANY OF ITS TERMS.

Signature of Participant (if over 18): _____ Date: _____

(If Participant is under 18) I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT AND I HEREBY CONSENT TO THE ABOVE WAIVER AND RELEASE OF LIABILITY ON BEHALF OF MY CHILD.

Signature of Parent Guardian: _____ Date: _____

Return completed form to: Castle Rock City Hall, 141 'A' Street SW (P.O. Box 370) Castle Rock, Wa 98611