

Mountlake Terrace Recreation and Parks Department Emergency Contact Waiver

Participant Name _____ Birthdate ____/____/____

Health Concerns _____ Allergies _____

Primary Emergency Contact _____ Relationship to participant _____

Primary Phone _____ Secondary Phone _____ Other _____

Secondary Emergency Contact _____ Relationship to Participant _____

Primary Phone _____ Secondary Phone _____ Other _____

I/We understand there are special dangers and risks inherent in this activity, including but not limited to; the risk of serious injury, death or other harmful consequences which may arise directly or indirectly from mine or my child's participation in this activity. Being fully informed as to these risks and in considerations of the City's allowing myself and/or my child to participate in this sponsored activity and/or use of the City's facilities, I/We on behalf of myself (we) or on behalf of the above named participant child, shall defend, indemnify and hold harmless the City of Mountlake Terrace, its officials, employees and volunteers from and against any and all legal claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of Premises or from any activity, work or thing done, permitted, or suffered by User in or about the premises, except only such injury of damage and shall have been occasioned by the sole negligence of the City of Mountlake Terrace. In addition, I (we) understand video tapes and photographs may be taken and used appropriately for publication and marketing purposes. I (we) grant myself and/or child full and voluntary consent for the above named participant in the activity program above.

Parent(s) /Legal Guardian/Participants printed name Today's Date

Parent(s) /Legal Guardian/Participants Signature (expires 1 year from above date)

This section is to be completed if participant is under the age of 18. Parent(s)/Legal Guardian to review and sign off on the waiver shown above; participant to sign statement shown below.

Parent/Legal Guardian Name(s) _____

Email _____

Primary Phone _____ Secondary Phone _____ Other _____

Address _____ City _____ State _____ Zip _____

Primary Emergency Contact has permission to pick up participant _____

Secondary Emergency Contact has permission to pick up participant _____

I understand that the above activity can be dangerous and I may get hurt while participating in it. I will follow the rules and play safely.

Participant's Signature _____