

Draper Parks and Recreation

ASSUMPTION OF RISK AND RELEASE FORM

Participant Name _____

Address _____

City State Zip _____

Phone-home (_____) Phone-work/cell (_____)

E-mail _____ . *All addresses are kept under strict confidentiality.*

Sex: M F Birthdate: _____

Emergency Contact _____

Emergency Phone(____) _____

Type of Program Participating in: _____

Injuries to participants in Draper City programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation and from administration of first aid. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold, and sun, I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the City of Draper and its employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate.

Participation authorized; risks assumed; and release granted. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years of age.

Signature of Participant _____ Date _____

Parent or Guardian signature required for participants under the age of 18:
