

**PARTICIPANT WAIVER
 AGREEMENT, RELEASE, AND ASSUMPTION OF RISK**

Event or Program _____ Event/Program Date(s) _____
 Location _____

In consideration of permission granted by Warren County Park District (WCPD) to participate in the above-named activity or event, I, the undersigned, on behalf of myself and on behalf of my minor children or wards listed below on whose behalf I have signed below as parent or guardian, and on behalf of my heirs, executors and administrators, agree to voluntarily assume all risks associated with the activity/event and to release, forever discharge, indemnify, and hold harmless WCPD, its commissioners, employees, officers, agents, volunteers, guests, successors, assigns, event partners and sponsors, collectively referred to as the Indemnified Parties, from any and all liability, claims, and demands of whatever kind or nature, arising from my participation or that of my minor children or wards in the activity/event.

I understand and acknowledge that this Agreement, Release, and Assumption of Risk discharges the Indemnified Parties with respect to bodily injury, personal injury, illness, death, or property damage arising out of my participation or that of my minor children or wards, or involvement with any of the Indemnified Parties, even if caused by the negligent act or omission of an Indemnified Party or an event organizer. I understand that none of the Indemnified Parties assumes any responsibility or obligation to provide financial or other assistance to me or my minor children or wards, including, but not limited to, medical, health, or disability insurance, in the event of any injury or illness.

I hereby release and forever discharge the Indemnified Parties from any claim whatsoever that arises or may hereafter arise due to medical treatment, first aid, or service rendered, or lack thereof, in connection with my participation or that of my minor children or wards in the activities and events.

I recognize and acknowledge that the activities and events of the Indemnified Parties may involve injury or risk to myself, or my minor child/ward, and hereby agree to release and indemnify the Indemnified Parties from all liability for injury, illness, death, or property damage resulting from the events and activities. I acknowledge that none of the Indemnified Parties assume any responsibility for my health, fitness, skill, or ability to participate in the event or activity. Neither do any of the Indemnified Parties accept any responsibility for the suitability of weather, terrain, nor for the adequacy or sufficiency of warnings, instructions, or equipment. I acknowledge that I have assessed the risks to myself and my minor children or wards and voluntarily agree to participate despite these risks.

I agree that this Agreement, Release, and Assumption of Risk is intended to be broad and inclusive as permitted by the laws of the State of Ohio and shall be governed and interpreted under Ohio Law. I further agree that if any clause or provision of this Agreement, Release, and Assumption of Risk is held invalid by any court, the remainder of the Agreement, Release, and Assumption of Risk shall remain in full force and effect.

Adult Participant Printed Name _____	Address _____
Adult Participant Signature _____	City, State Zip _____
Date _____	Phone _____

Minor Child Printed Name _____	Signature _____
Minor Child Printed Name _____	Signature _____
Minor Child Printed Name _____	Signature _____
Minor Child Printed Name _____	Signature _____
Minor Child Printed Name _____	Signature _____