Town of Lusk

Activity Waiver

The Town of Lusk Activity Program (as defined below, "Program") involves a variety of physical activities and there are elements of risk involved, which each participant must assume (including injury, disability, or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Program. The undersigned hereby agrees:

- 1. I fully assume all risks associated with utilization of and participation in the program(s) listed above and agree not to sue and hereby release the Town of Lusk, its agents, servants, employees, volunteers, elected officials, boards and commissions (collectively "The Town"), from all liability should an injury to me or listed participant occur during participation in the said program(s).
- 2. I, for myself and for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless The Town, from any and all claims, suits, or demands by anyone arising from my use of or participation in the program(s).
- 3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward.

4. I give permission to use any photo o	r video taken during	participation for promotional
materials.		

Participants Name	
Signature of participant, parent or guardia	n
Date	