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**Guest's Last, First Name**

**2019 Titus Swim and Tennis Party Liability Waiver**

Titus Park, Inc AGREEMENT, WAIVER, AND RELEASE In consideration for being permitted by Titus Park, Inc. to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and, knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son / daughter, \_\_\_\_\_, participate in this activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may occur as a result of death, any injury, or any property damage that said minor may sustain while participating in said activity. \_\_\_\_\_ I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DISTRICT AND MYSELF AND I SIGN IT OF MY FREE WILL.

\_\_\_\_\_ I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED AND THAT NO REFUND WILL BE GIVEN UNLESS ACTIVITY IS CHANGED OR CANCELLED.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name Printed:

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Guest's first and last name Age Birthdate \_\_\_\_\_

Address City Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

# Mother name Work/Mobile \_\_\_\_\_

# Father Name Work/Mobile \_\_\_\_\_

Doctor's name Doctor's phone# Dentist's name Dentist's phone# Health Plan

\_\_\_\_\_ Emergency Contact (OTHER THAN PARENT) Phone # Relationship to Participant

\_\_\_\_\_ Does the participant have any allergies or health problems we should be aware of?

\_\_\_\_\_ Date of last immunization: \_\_\_\_\_