

# STRASBURG PARKS & REC DISTRICT REGISTRATION & PARTICIPATION WAIVER

## STRASBURG METROPOLITAN PARKS AND RECREATION DISTRICT ATHLETIC OR SPORTS PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION FOR THE FOLLOWING ACTIVITY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM?  Newspaper  Email Club  Website  Activities Guide  Friend  Other: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

IF UNDER 18, PARENT/GUARDIAN NAME: \_\_\_\_\_

GRADE (if applicable): \_\_\_\_\_ DATE OF BIRTH (month/day/year): \_\_\_\_\_

SHIRT SIZE (circle one):            YXS    YS    YM    YL    AS    AM    AL    AXL    A2XL

ADDRESS / CITY / ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE COMPANY: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

Your name and/or likeness may be used for advertising purposes unless you indicate otherwise here: \_\_\_\_\_

Please indicate any health concerns and/or allergies we should be aware of: \_\_\_\_\_

**SMPRD does NOT provide personal/individual health or accident insurance. By signing, you acknowledge your understanding of this, as well as confirm that you will provide your own personal/individual health or accident insurance for the participant.**

I, \_\_\_\_\_, for myself, or as parent or legal guardian of \_\_\_\_\_, having registered myself, or my child, for participation in risks inherent in participating in such activity or sport, state that I understand such activity or sport involves exercise or physical exertion of varying degrees of difficulty, which may be strenuous, and taxing both physically and mentally. I further understand that by participating in the activity or sport, I or my child, runs the risk of physical injury or illness, both internal and external, temporary and permanent, from such activity or from use of the facilities in any manner and may run the risk of developing mental stress.

Fully understanding these risks, I agree to assume all such risks of injury or illness to me or my child, reasonable or otherwise, which may result from such participation in the physical activity or sport or use of the facilities owned by the Strasburg Parks and Recreation District. I hereby fully release the Strasburg Parks and Recreation District, its agents, servants, officers and employees from, and hereby knowingly waive all claims for injury or illness, (including death) or damage sustained by me or my child, which may result directly or indirectly from participation in the subject physical activity or sport, named above.

I further expressly agree to indemnify, defend and hold harmless the District, its agents, servants, officers and employees and each of them, from and against any and all claims for the injuries, liabilities, including reasonable attorneys' fees, or illnesses to me or my child or any and all other persons, arising from my participation or the participation of my child in the subject physical activity or sport, or use of such facilities in any manner. This full indemnification extends, as well, to any adult acting as guardian or in any other legal capacity on behalf of such child. I further agree to indemnify the District against any expenses or claims arising from my or my child's participation in or withdrawal from any activity conducted by third parties.

I hereby warrant that I have read the foregoing, that I fully understand same and knowingly and willingly agree to all such terms, and acknowledge such terms are contractual in nature and further acknowledge and warrant that I have legal authority to execute this document on my behalf on my children and fully bind myself, my children, my heirs and legal representatives, to all terms hereof, to the fullest extent possible under the laws of the State of Colorado, and that the Assumption of Risk, Release, Waiver and Indemnification shall be liberally construed in favor of the District, its agents, servants, officers and employees. **IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT, DO NOT SIGN IT!** The foregoing Assumption of Risk, Release, Waiver and Indemnification was read, understood and agreed to, by the undersigned this.

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.            Signed By: \_\_\_\_\_  
Participant or Parent/Guardian (if participant is under 18)

**RETURN TO: 1932 BURTON STREET, FAX: (303) 622-9759, EMAIL: [admin@strasburgparks.org](mailto:admin@strasburgparks.org), ONLINE: [www.strasburgparks.org](http://www.strasburgparks.org)**

COST: \$ \_\_\_\_\_ [CREDIT CARD / CASH / CHECK] CHECK NO. \_\_\_\_\_ NOTES: \_\_\_\_\_ Updated 1.17.17