

**PARTICIPATION IN CITY SPONSORED ACTIVITY
WAIVER/RELEASE**

LIABILITY RELEASE

As a volunteer of the Town of Signal Mountain, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the Town of Signal Mountain, its officers, employees or agents from liability, 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 some activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

I give my consent for my son/daughter _____ to participate in the above activity, and I execute the above liability release on his/her behalf .
(name of participant)

CONSENT TO TREAT

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Town of Signal Mountain provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

(name of personal physician) (doctor's address) (doctor's telephone number)

I do not give my consent to treat and request that medical or surgical services be withheld.

READ BEFORE SIGNING

I have read and understand the foregoing registration form, liability release form, parental consent and consent to treat forms, and agree to all of their terms and conditions.

(date) (signature) (signature)

(print name) (print name)

Address

Phone Number

Email address