City of Belmont

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Activity or Event: Rocky Branch Park Project

I hereby assume all of the risks of participating in any/all activities associated with this event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

I waive, release, and discharge The City of Belmont and its directors, officers, employees, volunteers, representatives, or agents from any liability, costs, and damages resulting from the individual's participation from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. And promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Participant's Name (Please print legibly.)	Age	Participant's Signature	Date
Parent/Guardian Signature	Date	vil of	Belin
(If under 18 years old, Parent or Gua	rdian must also sign.)	5	

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