

City of Providence



CITY OF PROVIDENCE

Angel Taveras, Mayor

Playful Providence Weekend, September 7-9, 2012

Department of Parks & Recreation

**Providence Park Activities and Fitness Class -WAIVER FORM**

The undersigned, being the adult athlete/participant (18 and over) or parent/legal guardian of the undersigned minor athlete/participant, hereby acknowledge that said athlete/participant seeks to participate in a sports/recreational program sponsored by the Providence Department of Parks & Recreation. The undersigned specifically assert that said athlete/participant will comply with the rules and regulations of the Providence Department of Parks & Recreation, that the athlete/participant is aware that athletic/recreational participation may require some physical fitness; that the athlete/participant possesses such fitness; and that some risk of serious injury and even death is involved in sports recreational participation.

Therefore, the undersigned, in consideration of participation in a Providence Department of Parks & Recreation program, herein grant the Providence Department of Parks & Recreation, its officers, agents, volunteers, and employees, a waiver of liability with regards to participation in any sports/ recreational program sponsored by the Providence Department of Parks & Recreation. The undersigned specifically acknowledge that a risk of injury or death exists and assume any contest, exhibition, or outgoing of an athletic, sports, or recreational matter sponsored by the Providence Department of Parks & Recreation.

This form must be completed by all athletes/participants intending to participate in any Providence Department of Parks & Recreation activity. All minor athletes/participants must sign and have a parent or legal guardian also sign. Failure for a team or organization to provide a duly executed form will result in the athlete/participants to be declared ineligible.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ATHLETE/PARTICIPANT'S SIGNATURE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ ACTIVITY \_\_\_\_\_