



## Leavenworth Parks & Recreation Department PARTICIPANT AGREEMENT FORM

I, the undersigned, have requested that I be able to participate in activities with the City of Leavenworth, Kansas. I understand that these activities could be potentially hazardous. I agree that if I have any question of whether I should participate in this activity, I should consult with my physician. By signing this statement, I agree that I know of no reason why I should not participate in this activity.

I hereby waive and release for myself, my heirs, my executors and assignees, any and all claims and right for claims for damages that I may have against the City of Leavenworth, Kansas, its agents, officers, and employees, for any and all injuries or damages to person or property suffered by me in connection with my participation in this activity due to the fault or negligence of the City, in whole or in part, to the extent allowed by law.

Signature of parent or guardian is required for minors to participate. If parent is signing, parent acknowledges the above information and potential hazards of this activity and agrees that he or she has sought appropriate medical advice for any questions that they may have regarding their child's ability to participate and that they know of no reason why the child should not participate. On behalf of their child, they do waive and release any claims the child may have as stated above.

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
Participant's Printed Name (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Address City State Zip

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name (if participant is under age 18) (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Parent/Guardian's Signature (if participant is under age 18) Date

\_\_\_\_\_  
Emergency Contact Person (print) (\_\_\_\_\_) Contact's Phone Number