

**PARTICIPANTS ACTIVITY WAIVER**

PARTICIPANTS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

ADDRESS 2: \_\_\_\_\_

PHONE: \_\_\_\_\_

NATURE OF ACTIVITY: \_\_\_\_\_

**WAIVER OF PHYSICAL DAMAGE OR INJURY**

IN CONSIDERATION OF ACCEPTING THIS ACTIVITY THE VOLUNTEER *and/or* PARTICIPANT, INTENDED TO BE LEGALLY BOUND FOR THEMSELVES AND THEIR HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS FOR ANY INJURIES AND DAMAGES THEY MAY HAVE AGAINST THE VILLAGE OF JOHNSBURG, ITS OFFICIALS, AND THE REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES OR DAMAGES SUFFERED IN THE CONNECTION WITH THE ACTIVITY OF:

\_\_\_\_\_  
\_\_\_\_\_

THE PARTICIPANT ATTEST AND VERIFIES THAT THEY ARE PHYSICALLY FIT AND CAPABLE OF SAID ACTIVITY AND THEY UNDERSTAND THAT THIS ACTIVITY COULD BE HAZARDOUS.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PARENT NAME)

\_\_\_\_\_  
(PARENT SIGNATURE – FOR UNDER AGE PARTICIPANT)

\_\_\_\_\_  
(PARENT NAME – FOR UNDER AGE PARTICIPANT)