



Youth Recreation Programs Liability Waiver

Participant Name: _____

Parent/Guardian Name: _____
(Person signing this form)

I understand that active recreation programs involve inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner, and I hereby assume all responsibility for my child as listed above.

Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

Each time I register for a recreation program with BIMPRD, I will tell my instructor about any limitations or medical restrictions on my child listed above.

In consideration for my child's acceptance as a participant, I agree to assume the risks, release and hold the Bainbridge Island Metropolitan Park District, its advisory councils, and their employees and agents harmless from claims for injuries and damages which may occur from or as a result of my child's participation in the program. I agree that this assumption of risk and release shall bind my heirs and estate.

I authorize all medical care which may be performed or prescribed for my child by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Additionally, I understand that recreation program participants sometimes appear in photos used for newsletters or other promotional materials related to BIMPRD activities. I will contact the District's main office at 206-842-2306 if I do not wish to have my child's likeness not to appear in these materials.

Signature Parent/Legal Guardian

Date