

**ATHLETIC WAIVER AND RELEASE OF LIABILITY and ASSUMPTION OF RISK AGREEMENT**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the \_\_\_\_\_ (*insert name of organization and activity*)

located at Alden Town Hall / Alden Town Park / Robert O. Smith Park (*circle appropriate location*)

("Program"), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Town of Alden, its officers, officials, agents, and/or employees; and I assume full responsibility for my participation.
- 3) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Town of Alden, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event (the "Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

SIGNED: \_\_\_\_\_  
(Participant's Signature)

DATE: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above.

SIGNED: \_\_\_\_\_  
(Parent/Guardian Signature)

DATE: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_