

MEDICAL RELEASE

In case of medical emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery.

All medical and related expenses are the responsibility of the participant. I hereby accept full financial responsibility for such expenses.

This waiver does not in any way hold Warren County, its employees, volunteers, or agents financially responsible or otherwise liable for any medical or emergency care given.

RELEASE OF LIABILITY : Please read this form carefully and be aware that by signing this document you understand that this agreement constitutes an assumption of risk and release for any liability, including death, damages or loss that you may sustain while participating in the activity offered or sponsored by Warren County Parks and Recreation.

Acknowledgement and Acceptance of Risk : As a registered participant, or legal guardian of a registered participant, in an activity offered or sponsored by the County of Warren Parks and Recreation Department (hereafter the "Parks and Recreation Department"), I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of, or in any way connected with participating in the activity offered or sponsored by the Parks and Recreation Department. My participation is purely voluntary and no one is forcing me to participate. I agree for myself and for any person claiming by or through me to fully release, hold harmless, and defend the County of Warren, its employees, volunteers and agents from any and all claims from injury, including death, damages or loss to person or property which I may incur as a registered participant in the activity offered or sponsored by the Parks and Recreation Department.

Entire Agreement : I understand that this is the entire agreement between myself and the County of Warren, it's employees, volunteers and agents, and that it cannot be modified or changed in any way by the representation or statements of any employee or agent at the County of Warren or by me. My signature below indicates that I have had sufficient opportunity to read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Participant (or Parent/Guardian if under 18)

Date

EMERGENCY CONTACT:

Name

Phone Number