

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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**WAIVER AND RELEASE OF LIABILITY**

1. **Rules.** I agree to abide by the rules and policies of the City of West University Place ("City") and the Parks and Recreation Department of the City ("Recreation Department") as pertain to the particular use, activity, event, or rental for which I am signing up on this day hosted or administered by the Recreation Department.

2. **Inspection and Acceptance.** The City has allowed me to inspect the areas, facilities, conditions, vehicles, and equipment at all locations at which the particular use, activity, event, or rental for which I am signing up on this day may take place. **I ACCEPT AND ASSUME ANY AND ALL RISKS, HAZARDS, AND LIABILITY RELATING TO THE PARTICULAR USE, ACTIVITY, EVENT, OR RENTAL FOR WHICH I AM SIGNING UP ON THIS DAY HOSTED OR ADMINISTERED BY THE RECREATION DEPARTMENT.**

3. **Release.** With respect to any claims for injury to me (including any injury causing death) and any claims for loss of, or damage to, property, I agree to the following: **(1) THE CITY SHALL NOT BE LIABLE OR RESPONSIBLE FOR ANY OF THESE CLAIMS; AND (2) I RELEASE THE CITY FROM ANY RESPONSIBILITY OR LIABILITY FOR THESE CLAIMS AND AGREE NOT TO SUE THE CITY ON ANY OF THESE CLAIMS. I UNDERSTAND THAT THE WORD "CLAIMS" INCLUDES ALL OF THE FOLLOWING THAT HAVE ARISEN, OR MAY ARISE LATER PERTAINING OR RELATED TO THE PARTICULAR USE, ACTIVITY, EVENT, OR RENTAL FOR WHICH I AM SIGNING UP ON THIS DAY HOSTED OR ADMINISTERED BY THE RECREATION DEPARTMENT: CLAIMS, DEMANDS, CAUSES OF ACTION, LOSSES, COSTS, LIABILITIES AND RELATED EXPENSES, INCLUDING THOSE INVOLVING THE JOINT OR SOLE NEGLIGENCE OF THE CITY, THOSE INVOLVING THE NEGLIGENCE OF MYSELF OR OTHERS AND THOSE WHICH ARISE OTHERWISE.** The word "City," as used in this document, includes the City as an entity as well as its departments, officers, agents, employees, receivers, representatives, contractors, sponsors, committees, organizers, volunteers and all others acting on its behalf. I further understand that my photo or likeness may be used in any promotional materials and/or publications that the City may deem fit.

4. **COVID-19.** COVID-19 is an extremely contagious disease that can lead to severe illness and death. While the City has undertaken enhanced health and safety measures to protect the public, an inherent risk of exposure exists in any public place where people are present. By participating in the activity, event or use I am signing up for, I voluntarily assume all risks related to exposure to COVID-19.

Agreed:  
ADULT PARTICIPANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date  
{00209722.docx2 }

Agreed:  
PARENT OR GUARDIAN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date