

 **Empowering Our Community For Success Liability and Waiver Form**

 Participant First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #: \_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned Participant, agree to defend, indemnify, and hold harmless E.O.C.S., its officers, agents and employees (collectively referred to hereinafter as “E.O.C.S.”) from and against any and all claims, demands, causes of action, or liabilities for damages, personal injury, death or property damage, arising, in whole or in part, directly or indirectly, from my participation in activities with E.O.C.S., except as may arise from the gross negligence or willful misconduct of E.O.C.S.. In any action or claim against City in which Participant is defending City, City shall have the right to approve legal counsel providing City’s defense and such approval shall not be unreasonably withheld.

I further agree to release E.O.C.S from all claims for any damages, including property damage, injury or death occurring or arising out of participation except as may be caused by the E.O.C.S. gross negligence or willful misconduct. I agree to abide by the Rules and Regulations and acknowledge having received a copy thereof. Further, I agree that I will be held financially responsible for any damage to equipment, which is caused by my activities.

I give my permission for E.O.C.S. to use photographs or videotape of me for the purpose of promoting their services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

**I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.**

**Participant Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian of Participant Under 18 years:**

**Please indicate whether you are signing as: 🞏PARENT 🞏GUARDIAN**

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Age 18 or above:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_