



# WAIVER OF LIABILITY and MEDICAL RELEASE AGREEMENT

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## SIGNATURE REQUIRED FOR PARTICIPATION

### Wildlife Tracking Workshop, Whitmarsh Park, 8/10/23

I recognize that my participation in an activity hosted by the Burlington Library is at my own risk. I have voluntarily made a choice to participate in this activity and expressly assume and accept the risks inherent in the activity.

I accept responsibility to behave prudently and to conduct myself in a safe manner. I agree to release, hold harmless and indemnify the City of Burlington, its employees, elected officials, appointed officers, volunteers, instructors and agents from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of participation in this activity except only such injury or damage as shall have been occasioned by the sole negligence of the City of Burlington. This release is binding as to any other person, including family members, heirs and executors.

If I/we am signing on behalf of my/our minor child I/we accept full responsibility for all medical expenses and claims incurred as result of the minor's participation in, or travel to and from this activity. I/we hereby release, covenant not to sue, discharge, hold harmless and indemnify the City of Burlington, its employees, elected officials, appointed officers, volunteers, instructors and agents for any claims brought by myself/ourselves or the minor child.

**MEDICAL RELEASE:** I/we authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to this child while participating in this activity.

**PHOTO RELEASE:** I/we grant full permission to the City of Burlington to use any photographs taken of myself/ourselves or my/our child during participation in the activity for the purpose of program promotion.

**PARTICIPANT'S FIRST & LAST NAME (Print):** \_\_\_\_\_

My signature below signifies that I have read and understand the Participation Agreement and Liability Release, and it certifies that I am the Participant, or the Parent or Legal Guardian of the Participant.

**PARENT or LEGAL GUARDIAN FIRST & LAST NAME (Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the terms of the Participation Agreement.

**SIGNATURE (2<sup>nd</sup> Parent/Legal Guardian):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the terms of the Participation Agreement.