

Waiver and Release

(This form must be completed and returned to the Muskingum Valley Park District before any organized activity)

Participant's Name		
Birth date		
Parent/Guardian Na	me (if under 18 years of age)	
Address		
Phone	(home)	(business)
Name of Activity		
to participate in orga properties, I agree (f hereby, waive any a harmless, and inder employees, agents a injury, including loss which I (or my child/v	leration tendered for myself or my nized activities on Muskingum Va or and on behalf of myself and my nd all claims against, and agree to mnify, the Muskingum Valley Park and volunteers from any and all cla of life, property damage, or loss of ward) may sustain arising out of, of a participation in the activity stated	alley Park District y child/ward) to, and do o fully release, hold c District, its officers, aims related to any illness, of any other description or in any way associated
It is agreed that this of Ohio.	document shall be interpreted acc	cording to the laws of State
(If under 18 years of both parents, both m	age, the custodial parent must si oust sign.)	gn. If the minor lives with
Participant		
Date		
Parent		
Date		