

CITY OF SCRANTON  
PROGRAM WAIVER  
2010-2011



PROGRAM: \_\_\_\_\_

NAME (Print): \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First)

STREET ADDRESS: \_\_\_\_\_

CITY & ZIP: \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND RELEASE OF CLAIMS**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs (hereinafter "Program") you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above Program, as well as claims for the damage, theft or loss of personal property incurred in connection with the Program.

I recognize and acknowledge that there are certain risks of physical injury occurring during my participation in the Program, and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such participation, as well as any claims for the damage, theft or loss of personal property belonging to myself, my child/ward or any other person. I waive and relinquish all claims I or my child/ward may have against the **City of Scranton, Iowa**, and its officers, agents, servants, volunteers and employees as a result of my participating in the Program. I hereby fully release and discharge the **City of Scranton, Iowa** and its officers, agents, servants, volunteers and employees from any and all claims from injuries, damage, or loss which I or my child/ward may have or which I may accrue to me or my child/ward in the above Program, as well as any claims for the damage, theft or loss of personal property belonging to myself, my child/ward or any other person. I further agree to indemnify and hold harmless and defend the **City of Scranton, Iowa**, and its officers, agents, servants, volunteers and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the Program, as well as any claims for the damage, theft or loss of personal property belonging to myself, my child/ward or any other person.

I have read and fully understand the above program details and waiver and release of all claims.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Must be parent/legal guardian if under 18)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Before any Participant may participate in the Activity, this document must be signed and returned to the City of Scranton, 1006 Main St., P.O. Box 428, Scranton, Iowa 51462. Can be turned in at gym event.**