
PARKS & RECREATION SERVICES

Waiver, Release of Liability Form, and Medical Consent Form.

A signed form is mandatory in order to participate. Please fill in pertinent information.

In consideration of payment for services provided to **Township of West Lincoln**, I including my Estate, hereby release, discharge, relinquish, give up, forgo, waive and otherwise completely exonerate, **Township of West Lincoln**, the employees, agents, assistants representatives for any personal injury or damage howsoever caused, liability, responsibility, culpability, or other basis upon which they may otherwise be liable for any injury, illness, disability, incapacitation or other physical ailment which might arise in connection with my services rendered.

I hereby state that I am in good health but knowingly accept any health problems I may have, either known or unknown, and recognize all risks and responsibilities inherent in the services provided. Further I understand and take full responsibility to ensure that as the provider of service it is my responsibility to ensure that I wear, operate and/or provide the appropriate and safe apparel and/or equipment for the services provided. I willingly and knowingly accept the risks in consideration of my services rendered.

This is intended to be a complete and full release, waiver and relinquishment, giving up, foregoing and discharging any and all claims or damages of any kind, character or description against **Township of West Lincoln**, and any of it's agents, employees, or others acting on it's behalf as might arise during my services rendered and those for whom I responsible.

This instrument is signed by me voluntarily and I and my Estate will hold all parties mentioned above and each of them free and clear from all responsibility by any reason of my being upon **Township of West Lincoln** property, participating, practicing, or otherwise being and will hold each of the parties mentioned above harmless from any court costs, attorneys fees or other expenses whatsoever caused by any suit or injury for damages brought by me or on my behalf.

I authorize the **Township of West Lincoln**, or their agents to seek and acquire any necessary medical aid that may be required by myself as a result of any injury that I be sustained by me while rendering my services.

I am over the age of 18, have read and voluntarily agree to the terms of this release and specific assumption of risk.

Name of Service Provider: _____

Signature: _____

Date: _____