

RELEASE FROM LIABILITY

CITY OF LENEXA PARKS & RECREATION DEPARTMENT

2012

Open Gym Participation

YEAR

WAIVER STATEMENT: “The undersigned states that both he/she and the participant have read and agree to abide by the Lenexa Open Gym Rules which are posted in the gymnasium and available for review at www.lenexa.com. The undersigned and the participant understand that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from participation in the Open Gym activity during the year 2012. The undersigned, for himself/herself and on behalf of the participant, voluntarily assumes all risk or injured incurred or suffered while participant is participating in the Open Gym activity. The undersigned hereby forever release and holds harmless the City of Lenexa, Kansas, its employees, agents, and representatives from any and all claims of any kind that the participant or the undersigned, or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said activity. Also, the undersigned and the participant authorize the City of Lenexa, Kansas, to use at its discretion any photograph(s) and/or video tape(s) taken of the participant or undersigned while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have resulting from the use of said photograph(s) and/or video tape(s).”

I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT AND THE OPEN GYM RULES. THE PARTICIPANT MAY NOT PARTICIPATE IN THE OPEN GYM ACTIVITY WITHOUT THIS SIGNED RELEASE FROM LIABILITY, SIGNED BY HIS OR HER PARENT OR LEGAL GUARDIAN.

Printed Name of Participant: _____

Signature of Participant (*If 18 years of age or older*): _____

Printed Name of Parent or Guardian (*For participants under 18 years of age*): _____

Signature of Parent or Guardian: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Date: _____

