

**Effective 1/1/09 for Special Needs: Please fill this form out and return to Prescott Parks and Recreation at your next activity or mail it in to the address listed below. Thank You**

**City of Prescott – Parks and Recreation Department P.O. Box 2059, Prescott AZ 86302  
Accident Waiver and Release of Liability**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_ Activity: All S.N.A.P. Programs

I acknowledge that this recreational activity may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, conditions of equipment, vehicular traffic, water conditions, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event at the level of my registration and have not been advised other wise by a qualified medical person.

I acknowledge that The City of Prescott and the event holders, sponsors and organizers, will use this Accident Waiver and Release of Liability (AWRL) form and it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which my hereafter accrue to me or my traveling to and from this event, the following entities or persons: The City of Prescott and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. This release and hold harmless includes death, injury or damage to property caused or alleged to be caused in whole or in part by the negligence of the City or its employees or agents or otherwise.

I hereby consent to receive and assume responsibility for all costs related to any medical treatment which may be deemed advisable in the event of injury, accident and /or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and /or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN WAIVER FOR CHILDREN**

If applicant is under 18 years of age, the parents or guardians must execute, in addition to the standard waiver above, the following waiver and consent. The undersigned, (parent/guardian name) referred to as parent and natural guardian or legal guardian of (minor's name) \_\_\_\_\_ does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein named on the front of this form as releases from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases on behalf of both of the undersigned.

**CONSENT TO MEDICAL TREATMENT FOR MINOR**

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose or attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at any City of Prescott event.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.

I acknowledge that no warranty is being made as to the results of any treatment.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Relationship to minor \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL ALLERGIES IF ANY \_\_\_\_\_

MEDICATION IF TAKEN \_\_\_\_\_

MEDICAL PROBLEMS TO BE AWARE OF \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_