

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the City of Chipley requires the execution of the following waiver and release.

## Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and agree to assume the full risk of any injuries, damages, or loss regardless of severity I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the City of Chipley and its officers, agents, servants, and employees.

I do hereby fully release and discharge the City of Chipley and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss that I or my minor child/ward may have or that may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and fend the City of Chipley and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s)

In the event of an emergency, I authorize City of Chipley officials to secure from any licensed hospital, physician, and /or medical personnel any treatment deemed necessary for me or any minor child/war's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims, and Permission to Secure Treatment.

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Participant(s) Signature (or parent/guardian if under 18)

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Date

Your suggestions for programs or parks:

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