



ACKNOWLEDGMENT OF RISK/WAIVER OF LIABILITY

As a condition of use of any CVPRD facility or participation in any program, sports league, class, recreation or fitness activity, you agree as a participant or parent/ guardian of a participant in the program, to assume all risks and hazards of engaging in or spectating at any CVPRD activity or facility, including assuming all risks for personal injury, death and property damage.

You further agree to hold harmless CVPRD, its staff, instructors, volunteers, officials, sponsors, partners or representatives from liability for any losses, damages or injuries that may occur in any way as a result of these activities or facility uses - regardless of cause.

You further certify that you are properly prepared to engage in any activities you have selected and that you have recently consulted a physician to establish that it is safe and appropriate for you to engage in these activities.

Participants (or the parents/guardians of minor children) may also be required to complete a medical health history and/ or sign an additional waiver of liability prior to participation in any programs or classes. Anyone recovering from an injury or illness must first discuss their return to physical activity with their physician and CVPRD instructor prior to enrolling/ participating.

Having read and understood this waiver and in consideration of your accepting my entry into a CVPRD recreation facility or program, I, for myself and anyone entitled to act on my behalf, waive and release CVPRD, all staff, volunteers, sponsors, and representatives, from all claims or liabilities of any kind arising out of my participation in (or as a spectator of) any program or use of any facility.

NOTE: If a facility user or program participant is under 18 years of age, you as a parent or legal guardian, agree to the same terms, conditions and waiver of liability set forth in this agreement.

In addition, by signing I agree to give CVPRD permission to publish in print, electronic or video format, the likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

_____ I would like to opt out of allowing CVPRD permission to publish in print, electronic or video format, the individual likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

Name of Program/Activity

Participants Name (Please Print)

Participants Signature (If Over 18 Years Old)

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature (If Under 18 Years Old)

Date