I certify that I am the parent or legal guardian of the minor child listed below (the “Participant”), or am a Participant myself. I hereby give permission to Participant to participate in any City of Cordova Parks and Recreation (the “City”) drop-in sports program (including but not limited to open gym, weightlifting, cardio activities, volleyball, basketball, pickleball, swimming, and/or any other similar drop-in sports program offered by the City) (the “Drop-In Programs”). In consideration of the recreational and health benefits afforded to the Participant by taking part in Drop-In Programs, I, on behalf of myself and/or the Participant, state and unconditionally agree as follows:

I understand that participation in Drop-In Programs will involve certain inherent risks and dangers. By the very nature of the Drop-In Programs, it is possible Participant could suffer from an injury, which can include scrapes and bruises, but could also include more serious injuries, such as concussions, torn ligaments, and broken bones. These inherent risks may result in significant injury/disability, emotional distress and trauma, and even drowning or death.

ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF PARTICIPANT’S Heirs, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I UNEQUIVOCALLY ASSUME ALL RISKS RELATED TO PARTICIPATING IN DROP-IN PROGRAMS, INCLUDING BUT NOT LIMITED TO THE RISKS IDENTIFIED ABOVE, THAT MAY ARISE OUT OF OR PERTAIN TO THE PARTICIPANT’S INVOLVEMENT IN DROP-IN PROGRAMS.

ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF PARTICIPANT’S Heirs, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, AGREE TO FOREVER RELEASE, INDEMNIFY, AND HOLD ASD HARMLESS FROM ANY CLAIMS OR CAUSES OF ACTION (WHETHER SOUNDING IN TORT [NEGLIGENCE, NEGLIGENT HIRING/TRAINING/ SUPERVISION, WRONGFUL DEATH, OR OTHERWISE], CONTRACT, WARRANTY, STATUTORY LIABILITY, STRICT LIABILITY, OR OTHERWISE), DEMANDS, OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS’ FEES AND COSTS) OF ANY KIND OR NATURE WHATSOEVER THAT IN ANY WAY ARISE OUT OF, RESULT FROM, OR PERTAIN TO PARTICIPANT’S PARTICIPATION IN DROP-IN PROGRAMS.

BY SIGNING BELOW, YOU AGREE THAT YOU UNDERSTAND THIS ACKNOWLEDGEMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY, AND AGREE TO BE BOUND BY ITS TERMS. YOU UNDERSTAND THAT BY SIGNING THIS DOCUMENT YOU ARE RELEASING THE CITY FROM LIABILITY.

NAME OF PARTICIPANT

________________________________________
SIGNATURE OF PARTICIPANT

IF PARTICIPANT IS UNDER AGE 18, A PARENT OR GUARDIAN MUST SIGN ON PARTICIPANT’S BEHALF.

NAME OF PARENT OR LEGAL GUARDIAN

________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN