



TOWN OF SILVERTHORNE ACTIVITY / PROGRAM WAIVER

Please print:

Participant Name _____

Participant Phone # _____

If participant is under 18 years old:
Parent/Guardian Name _____

Parent/Guardian Phone # _____

Activity/Program Name _____

I recognize that activities and services I take advantage of at Town facilities may result in injury, illness, death or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and / or the action of third parties. In consideration of the Town permitting me to use the facilities, I, for myself, my heirs, executors and assigns (and / or if applicable, my parent or guardian) waive, indemnify and release the Town, its officers, employees, and agents from all claims, damages, loss or liabilities of any kind arising out of or relating to injuries, illness or accidents sustained by me or my property at the facilities. I understand I am waiving any right to bring or have brought on my behalf any such claims or lawsuits against the Town by signing this release and using the facilities.

The Town of Silverthorne may videotape or photograph participants enrolled in programs/classes which may be used in future publications, marketing promotions, brochures, or flyers.

Participant Signature: _____ **Date:** _____

If participant is under 18 years old:
Parent Signature: _____ **Date:** _____