



# TCJPR Youth Programs

## 2019 Accident Waiver and Release of Liability Teton County/ Jackson Parks and Recreation Department

I, \_\_\_\_\_, in consideration for the right to participate in Teton County/Jackson Parks and Recreation programs and activities, I hereby agree to the following: I understand that any recreational activity, including the one for which I am applying, involves certain risks to my personal safety and property; or the safety and property of others. I agree that it is solely my responsibility to insure that my health is adequate, that my capabilities are sufficient to participate in this activity, and I have not been advised by a qualified medical person that I cannot participate. I hereby assume all of the risks of participating in this activity. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability with or without fault. I hereby irrevocably give my permission for the Teton County/Town of Jackson Parks and Recreation to copyright and/or publish, reproduce or otherwise use my name, voice and likeness and/or written material, photographs, motion pictures, and audio-visual, magnetic recordings about or by me for instruction, art, advertising, trade or any other lawful purpose. 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 may hereafter accrue to me or my traveling to and from any event, the Teton County/Jackson Parks and Recreation and the following entities or persons: Teton County, Town of Jackson, their officers, directors, employees, volunteers, representatives, and agents. B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation, with the understanding that every effort will be made to contact the emergency contact person set forth on this form. In such event, I shall be solely responsible for all medical expenses associated with the medical care. The Accident Waiver and Release of Liability 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 contents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019.  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT OR GUARDIANS FOR MINORS (under 18 years of age)

The undersigned parent and/or legal guardian 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 referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. I understand that the foregoing Accident Waiver and Release of Liability shall apply to my child. I hereby give permission for my child to attend field trips, if applicable, with the understanding that every reasonable effort will be made to plan for safety on the trip.

Printed Child's Name \_\_\_\_\_  
 Printed Name of Parent or Guardian of Minor: \_\_\_\_\_  
 Birth date of Child \_\_\_\_\_  
 Address if different than above \_\_\_\_\_  
 Signature of Parent or Guardian of Minor: \_\_\_\_\_  
 Date: \_\_\_\_\_

This release is in effect for one Calendar Year beginning in January of each year. It is inclusive for programs participated in throughout the year.