



**TOWN OF ALPINE**  
**PARKS & RECREATION DEPARTMENT**  
**RELEASE OF LIABILITY**  
**PARENTAL PERMISSION & WAIVER**

I give my child, \_\_\_\_\_, permission to participate in the Town of Alpine's Recreation Department Activities. I support your standards of behavior for participation, and agree that those standards should be applied to the conduct of my child (or ward, with the term child hereafter including the term ward). If I have questions, complaints or suggestions about any of the programming, I will contact the Recreation Department personnel.

I am responsible for my child's safe transportation to and from any recreation department activities and will make sure that my child is picked up on time. I am responsible for replacing and/or repairing any equipment, property which my child is responsible for damaging. In consideration for my child being permitted by the Town of Alpine, Wyoming to participate in its recreational and athletic events, I agree to this WAIVER, RELEASE AND INDEMNIFICATION: by my signature below, for myself and my child, I join in this waiver, release and indemnification, and promise and agree to hold harmless, indemnify, and forever defend the Town of Alpine from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and NEGLIGENCE made or brought by myself or my child or anyone on behalf of myself or my child, as a result of my child's participation in the recreational and athletic activities and use of the property and facilities of the Town of Alpine or its lessors.

I hereby represent that my child is in good health, has no special problems associated with his or her care, and that I have adequately informed the Town of Alpine representatives or volunteers or any special instructions regarding my child.

I understand and accept for myself and my child that there are inherent risks associated with recreation department activities, and that those risks include injury, illness, paralysis, and death. The risks arise from dangers always present were children are near and using gym equipment, and when people are engaged in physical activity near to one another. I will not hold liable the Town of Alpine or its recreation volunteers if, for any reason or cause, including negligence, either I or my child are injured, paralyzed or killed or suffer damage to property, during my child's or our participation in recreation department activities.

I authorize the Town of Alpine personnel and volunteers to call for medical care for my child or to transport my child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for my child. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of my child, in their professional opinion. I agree that once my child is transported to the medical facility or hospital, the Town of Alpine shall have no further responsibility for my child and I agree to pay all costs associated with such medical care and responsibilities.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_