



PARTICIPANT WAIVER AND CONSENT

EVENT/ACTIVITY: _____

LOCATION: _____ DATE: _____

PARTICIPANT INFORMATION

LAST NAME: _____

FIRST NAME: _____

AGE (If under 18 yrs. old): _____

HOME ADDRESS: _____
(Street Address) (City) (State) (Zip Code)

PARENT/GUARDIAN NAME: _____
(If Participant is under 18 yrs. old)

EMAIL ADDRESS: _____ CELLPHONE: _____

EMERGENCY CONTACT INFORMATION

Please list an Emergency Contact. If you are under 18, list a second contact to the Parent/Guardian executing this Waiver

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELLPHONE: _____

KNOWN MEDICAL/SPECIAL NEEDS INFORMATION

LIST ALL KNOWN ALLERGIES

Some Examples include:

Food, Mold, Insects

SPECIAL NEEDS

Some Examples include:

Medical Devices

Prescription Medicine(s)

Insulin, EpiPen, etc

Allergy Medicine(s)

WAIVER, CONSENT and COVID RELEASE:

By signing this Waiver and Consent, I understand and acknowledge the following with respect to myself and/or my Child's participation in the foregoing Event:

- I assume all risk to myself and/or my Child in participating in the above activity (hereinafter the "Activity").
- I understand and acknowledge the Activity poses the risk of personal injury and that I undertake and assume this risk for myself and/or my Child.
- I waive and release the Borough of Waldwick and its respective officials, employees, volunteers, representatives and agents (collectively, the "Entities") from any and all liability, for any injury or disability that may occur as a result of my and/or my Child's participation in the Activity.
- I represent that I and /or my Child are physically fit and sufficiently prepared for participation in the activity and that I am not aware of any health-related reasons or issues that would preclude my and/or my Child's participation in the activity.
- Neither I nor my Child have been advised by any health professional to the contrary, that would limit my Child or myself from participating in the aforementioned Activity.

I agree to hold harmless and indemnify the Borough of Waldwick from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any injuries or damages sustained by myself or my Child arising during the course of Participation in the Activity.

COVID-19 RELEASE:

By signing this Agreement, I further acknowledge the contagious nature of COVID-19, the fact there may be cases in the Borough of Waldwick, and I voluntarily assume the risk (and on behalf of my Child, if a Minor) that may be exposed to or infected by COVID-19 by attending activities sponsored by the Borough of Waldwick and such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of the Borough, its employees, volunteers and other participants and their families and I specifically agree to accept and assume full responsibility for these risks.

I certify that I have read this document, and I fully understand its contents. I am aware that by signing this Waiver and Consent, I am assuming any risk associated with participation in the Activity and that I am releasing and indemnifying the Entities from any and all liability related to or arising from my participation in the Activity. I am signing this Waiver and Consent of my own free will.

THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE EVENT / PROGRAM FROM THE DATE I EXECUTE THIS PERMISSION SLIP.

PRINT NAME

SIGNATURE

DATE