

**ST. CLOUD PARKS AND RECREATION
WAIVER AND HOLD HARMLESS AGREEMENT**

2014 Yam Round-up

DATE: _____

NAME: _____ D.O.B: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Emergency Contact: _____ Phone Number: _____

ADULT AGREEMENT

In consideration of the registration and/or user fee paid to the city of St. Cloud which is hereby acknowledged and in consideration of being able to participate in the City of St. Cloud's Parks & Recreation Programs (including Swimming Pool Programs) and including all activities associated therewith, I _____ an adult (18 years of age or older) agree to assume all risks inherent in such participation and agree to indemnify and hold harmless the City of St. Cloud, its Councilpersons, agents, employees, or volunteers from and against any and all claims, demands or liability for loss, expense, damage or injury of any nature whatsoever to persons or property resulting in any way from in any fashion arising directly or indirectly from or connected with any and all participation in the City of St. Cloud Parks and Recreation Programs.

In the event I should sustain emergency injuries or illness while participating in City of St. Cloud's Parks and Recreation Programs (including Swimming Pool Programs), I hereby authorize the City of St. Cloud to administer, or cause to be administered, such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital.

Witness

Signature

Date

Printed Name